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REGISTRATION FORM for CSHP BY THE SEA

Please submit one registration form per person. Duplicate this registration form as needed. The 2006 CSHP By The Sea Conference will be limited to the first 250 participants.

NAME	MALE	FEMALE
LEA/AFFILIATION		
SCHOOL/SCHOOL SYSTEM		
If you are coming with a team or SHAC, TEAM LEADER'S NAME		

PREFERRED MAILING ADDRESS (This is where you will receive your registration confirmation and Conference information)

ADDRESS		
СІТУ	STATE	ZIP
PHONE	EMAIL (required)	
POSITION (Example: Third grade classroom te	eacher)	
MEDICAL CONSIDERATIONS, SPECIAL D	IETARY NEEDS, OTHER	
T-SHIRT SIZE: M L XI	L XXL	
HOUSING Housing for all participants will be in the dorms ADDITIONAL SURCHARGE OF \$100.	at UNC-W. REQUESTS FOR SINGLE OCCUPANCY I	ROOMS MUST CARRY AN
Indicate Preferred Roommate:	or	
No Preference (roommate will be assig	ned)	
\$250 Double occupancy/early registra	tion (by June 1, 2006)*	
\$300 Double occupancy/late registration	on (after June 1, 2006)*	
\$100 Single occupancy surcharge (ad	d to early or late registration)	
PLEASE NOTE THAT UNC-W DOES NOT ALLOW USE UNIVERSITY FACILITIES UNLESS THEY A		
THE REGISTRATION FORM AND PAYM Dr. Ron Morrow, Executive Director, NCAAHPERD	IENT (or copy of purchase order) should be sent	to:

PO Box 27751 Raleigh, NC 27611 1.888.840.6500 MAKE ALL CHECKS and/or PURCHASE ORDERS PAYABLE TO: **NCAAHPERD-HLI**

QUESTIONS?

Please contact Anne Marie Jenks, Physical Acitvity, Nutrition, and Tobacco Consultant, 919-807-3909, ajenks@dpi.state.nc.us