



Play Conference Registration Form

Please complete the form below and return it with payment (check payable to US Play Coalition). Mail to Stephanie Garst, US Play Coalition, 263 Lehotsky Hall, Clemson, SC 29634-0735.

Please circle or highlight the type of registration selected:

Full conference registration:

	Early Bird	Regular
Member	\$374	\$424
Non-member	\$449	\$499
Clemson University Faculty/Staff/Students	\$179	\$179
Students (other than Clemson University)**	\$179	\$229

Single day registration*:

	Early Bird	Regular
Member	\$199	\$224
Non-member	\$224	\$249
Clemson University Faculty/Staff/Students	\$99	\$99
Students (other than Clemson University)**	\$99	\$124

* Dinner is not included for single day registrations but can be purchased separately if desired.

**To qualify for the student rate, you must send a copy of your student ID to [US Play Coalition](#).

First Name/Last Name: _____

Preferred Name for Badge: _____

Employer/Institution: _____

Position/Job Title: _____

Phone: _____

Email Address: _____

Address: _____

City: _____ State/Province: _____ Zip: _____

Country: _____

Dietary Needs (will do our best to accommodate)

No Restrictions Vegetarian Vegan Gluten Free Other (please specify)

Is this your first Play Conference? Yes / No

If yes, how did you hear about the Play Conference?

Photo Release Waiver

I hereby grant the US Play Coalition and Clemson University the irrevocable and unrestricted right to use and publish photographs or other images of me in any print, electronic, digital or other media in perpetuity, and to alter the same without restriction. I further acknowledge that my participation is voluntary and that I will not receive financial compensation of any type associated with the taking or publication of these images.

- I agree to the above waiver.
- I do NOT agree with the above waiver (Please explain.).

Liability Waiver and Release

I hereby assume all of the risks of participating in this event and waive, release and discharge the US Play Coalition and Clemson University and their directors, board members, officers, employees and volunteers from any and all liability. I agree to indemnify, hold harmless, and promise not to sue the entities or persons mentioned above from any and all liabilities or claims made as a result of participation in this activity or event.

- I agree to the above waiver.
- I do NOT agree with the above waiver (Please explain.).

What field/industry do you represent? (choose all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Education (K-12) | <input type="checkbox"/> Government agency |
| <input type="checkbox"/> Education (preK) | <input type="checkbox"/> Health/healthcare provider |
| <input type="checkbox"/> Education (higher ed) | <input type="checkbox"/> Rec Therapy and/or OT |
| <input type="checkbox"/> Parks & Recreation | <input type="checkbox"/> Architecture |
| <input type="checkbox"/> Out of School Programs
(camps/afterschool/etc) | <input type="checkbox"/> Landscape Architecture |
| <input type="checkbox"/> Museums/Zoos/Aquariums | <input type="checkbox"/> Researcher |
| <input type="checkbox"/> Corporate/Industry/Manufacturing | <input type="checkbox"/> Other? (please elaborate) |
| <input type="checkbox"/> Nonprofit/NGO | |