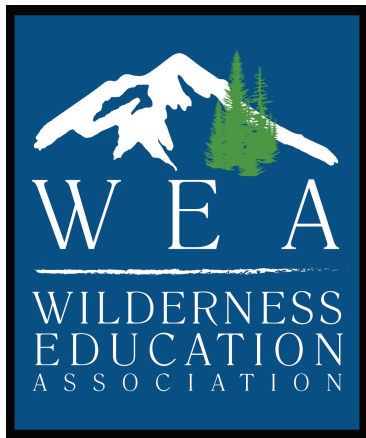




Association of
Outdoor Recreation
and Education



2018 AORE WEA Joint National Conference Snowbird, UT October 24-26, 2018

Attendees MUST register online at www.AORE.org unless one of these applies:

I wish to pay by check

I am affiliated with an Organization membership and wish to purchase a discounted membership

I am part of the Conference Host Team

I am a current individual Student or Professional NIRSA member

I am a scholarship recipient. Please specify:

I am eligible for a discount through a Partnership. Please specify:

Student Professional Other: _____

IMBA ACA NPS AEE Other: _____

First Name: _____ Last Name: _____

Title: _____ *Organization: _____

Preferred Name, Title or Organization for name-tag if different than above: _____

Work Address: _____

Work Address[2]: _____

City: _____ State: _____ Zip: _____ Country: _____

Email: _____ Website/URL: _____

Office: _____ Fax: _____

Cell: _____ Home: _____

* Organization refers to the name of your institution, school, college, university, military base, camp or other professional entity.

Membership Application / Renewal

AORE Members are programmers, teachers, leaders and students involved in outdoor programs. These programs include college and university recreational programs, degree granting recreational programs, military recreation, community recreation, and private outdoor schools. Over 700 AORE members employ over 8,000 staff, who in turn serve over 1.5 million participants each year. AORE members enjoy networking and communication opportunities through the Association News, a communal AORE Listserv, conference proceedings, and several publications.

Student Supporter: \$30

This membership category is for full-time undergraduate and part- or full-time graduate students who are interested in exploring the field of outdoor recreation and education.

Student Professional: \$105

This membership category is for full-time undergraduate and part- or full-time graduate students, interested in pursuing the profession of outdoor recreation and education.

Yes, I qualify for the Organization Membership discounted price of \$84.

I am affiliated with the following Organization Membership: _____

Supporter: \$30

This membership category is for retirees and individuals who are not working in outdoor recreation or related fields.

Professional: \$160

This membership category is for full- or part-time professionals working in outdoor recreation and education or related fields.

Yes, I qualify for the Organization Membership discounted price of \$128.

I am affiliated with the following Organization Membership: _____

Organization: \$525

This membership category is for college, university, government/municipal agency and military outdoor recreation and/or education programs. It includes 1 Professional, 1 Student Professional, and 1 Associate Membership. It allows an Organizational Member to register six (6) NON-AORE members to join the Association for a 20% discount off of the normal Professional and/or Student Professional Member rate.

Vendor: \$800

This membership category is for not-for-profit, for profit, associations, or organizations who provide services or products.

Membership Benefits and Cancellation Policy: AORE reserves the right to change membership benefits and offerings during your membership period. Annual Association Memberships are non-refundable. All members will be added to the Association Listserv upon registration. Members may elect to remove themselves from the listserv if they so choose to not participate in this benefit. AORE, as a service to its members, includes the contact information of members in an electronic membership directory as a means of promoting networking within the Association.

I acknowledge that I meet the criteria of the membership type selected above; verification must be provided upon request.

Membership Subtotal: \$ _____

Conference Registration

<u>Type</u>	<u>Early</u> <u>(ends Aug. 15)</u>	<u>Regular</u> <u>(Aug. 16– Oct. 12)</u>	<u>Late</u> <u>(starts Oct. 13)</u>
Student Supporter Member	___ \$459	___ \$525	___ \$575
Student Professional Member	___ \$425	___ \$475	___ \$525
Student Non-Member	___ \$535	___ \$625	___ \$685
Professional / Supporter Member	___ \$499	___ \$575	___ \$625
Professional / Supporter Non-Member	___ \$599	___ \$655	___ \$715
Vendor Member: Non-Exhibiting	___ \$599	___ \$675	___ \$725
Vendor Non-Member: Non-Exhibiting	___ \$715	___ \$805	___ \$865
Vendor Daily Walk-In (register anytime)	___ \$325	___ \$325	___ \$325
Daily Walk-In (register anytime)	___ \$275	___ \$275	___ \$275

Guest Registration

___ Bring a Guest: Thursday Night Super Social & Live Auction: \$50 Guest Name: _____

___ Bring a Guest: Friday Night Awards Banquet: \$55 Guest Name: _____

Official Conference Gear

___ Conference T-Shirt- (wicking): \$30 *Please circle:* XS S M L XL XXL *Please circle:* Men Women

___ Pint Glass: \$15 (*beat the line and buy yours today!*)

Special Events

___ I will be attending Demo Day. (Free)

Volunteering and Donations

___ I would like to make an additional donation to the AORE Annual Fund in the amount of: \$_____

___ I would like to volunteer at the conference.

If volunteer shirts are available, what size would you wear? *Please circle:* XS S M L XL XXL *Please circle:* Men Women

Conference Reg. & Options Subtotal: \$_____

Dietary Restrictions

Do you or a guest have Dietary Restrictions? If so, please note all restrictions below.

Me | Guest

Vegetarian

Vegan

Lactose Intolerance

Me | Guest

Gluten Free

Low Carb

Shellfish Allergies

Me | Guest

Nut Allergies

Seafood Allergies

Dairy Allergies

Me | Guest

Other:

Our logistics team will be in contact with you prior to the conference for more information and to make special arrangements as needed.

Special Assistance

Do you require Special Assistance? If so, please note all restrictions below.

Mobility

Hearing

Sight

Other: _____

Our logistics team will be in contact with you prior to the conference for more information and to make special arrangements as needed.

Plus One Application

With the purchase of a professional member conference registration, you are encouraged to promote interdepartmental relationships and understanding by bringing your Direct Supervisor or Department Staff (Risk Manager, Student Affairs, Adaptive Programmer) to the Conference at a discounted rate. Plus One applications are restricted to those outside the Outdoor Recreation department that would otherwise not attend the conference. Please provide us with their name, title and email and AORE will send application details.

___ Direct Supervisor

___ Department Staff (Risk Manager, Student Affairs, Adaptive Programmer)

Name: _____

Title: _____

Email: _____

Additional Attendee Information

Please use this sheet if you are paying for multiple people from your organization.

First Name: _____ Last Name: _____
Title: _____ Email: _____
Membership Type: _____ Membership Renewal Amount: \$ _____
Conference Registration Amount: \$ _____

First Name: _____ Last Name: _____
Title: _____ Email: _____
Membership Type: _____ Membership Renewal Amount: \$ _____
Conference Registration Amount: \$ _____

First Name: _____ Last Name: _____
Title: _____ Email: _____
Membership Type: _____ Membership Renewal Amount: \$ _____
Conference Registration Amount: \$ _____

First Name: _____ Last Name: _____
Title: _____ Email: _____
Membership Type: _____ Membership Renewal Amount: \$ _____
Conference Registration Amount: \$ _____

First Name: _____ Last Name: _____
Title: _____ Email: _____
Membership Type: _____ Membership Renewal Amount: \$ _____
Conference Registration Amount: \$ _____

Additional Attendee Subtotal: \$ _____

Required Waiver

CANCELLATION AND REFUND: All conference participant refund requests must be made in writing to the AORE National Office. If you cancel your registration prior to August 15, 2018, the AORE will retain 25% of the total registration fee. If you cancel your registration between August 16 and Oct. 1, 2018, the AORE will retain 50% of the total registration fee. There will be no refunds on or after Oct. 2, 2018. AORE cannot be responsible for any personal or travel conditions that may prevent attendance at the conference, or costs related to any and all conference and pre- and post-conference activities which may be cancelled due to conference presenters, pre- and post-conference activity leaders/instructors, weather, permits, or other circumstances. AORE recommends conference attendees purchase travel insurance to cover losses that result from a variety of situations, including cancelled trips, medical emergencies, lost baggage and other unforeseen circumstances. Registration fees are not transferable to future years or any other person outside your organization. There are no refunds for no-shows or late cancellations. AORE reserves the right to change the conference schedule and program offerings prior to and/or during the conference period.

WAVIER: I am aware that participation in the 2018 AORE WEA Joint National Conference and related activities (hereafter referred to as AORE 2018) may involve participation in an activity or activities with an inherent risk of damage and injury. Participants in AORE 2018 are participating in all conference events and related activities at their own risk. Because of the potential dangers and risks, I recognize the importance of following instructions provided and I agree to follow all directions. I understand that following said instructions/directions does not eliminate the inherent risk of damage and injury. In consideration of the Association of Outdoor Recreation and Education providing me with the opportunity to participate in AORE 2018, I hereby assume all the risks associated with my participation in AORE 2018 and agree to hold the Association of Outdoor Recreation and Education, its successors and assigns, officers, employees, agents, representatives, instructors, and volunteers harmless from any and all liability, actions, causes of action, debts, claims, or demands of any kind and nature whatsoever which may arise by or in connection with my participation in AORE 2018. The terms hereof shall serve as a release of liability and assumption of risk for myself, my heirs, estate, executor, administrator, assignees and for all members of my family. To the fullest extent permitted by law, I hereby waive any rights I may have to sue AORE, its successors and assigns, officers, employees, agents, representatives, instructors, and volunteers with respect to personal injury and/or property damage suffered as a result of my participation in AORE 2018 and hereby release AORE its successors and assigns, officers, employees, agents, representatives, instructors, and volunteers from any liability for such injury or damage.

I, being an adult, have read the above statement and fully understand the contents, consequences and implications of signing and/or submitting this document.

Printed Name: _____

Date of Birth: _____

Signed Name: _____

Conference Fees Calculator

Total Membership Fee: \$ _____
Total from page 2

Total Conference Registration & Options Fee: \$ _____
Total from page 3

Total Pre- & Post-Conference Workshop Fee: \$ _____
Total from page 5

Total Additional Attendee Fees: \$ _____
Total from page 6

Grand Total: \$ _____

Payment Information

American Express MasterCard Visa Check Check #: _____

Credit Card Payment Information / Make check payable to: AORE

Conference Attendee Name: _____

Card #: _____ Security Code: _____ Expiration: _____

Card Holder Name: _____ Signature: _____

Billing Address: _____

City: _____ State: _____ Zip: _____ Country: _____

If paying by check, checks must be mailed along with completed registration form to be registered for the conference. If multiple persons are registering with payment made by a single check, all completed registration forms must be included. Registration will not be completed until payment is received.

By submitting this registration for AORE 2018, I agree to the Waiver, Cancellation & Refund Policies. My submission also indicates that I agree to pay for my conference fees, any owed membership fees, and all optional items and/or workshops that I selected to purchase or attend.

Return to: AORE National Office, 1100 North Main Street, Suite 108 An Arbor, MI 48104
Phone: 810-299-2782 Fax: 810-299-3436 Email: nationaloffice@aore.org Web: www.AORE.org