

REGISTRATION FORM

Please print carefully.

NRPA Member #: _____

First Name: _____ MI: _____ Last Name: _____

Nickname (name for badge): _____ Title: _____

Organization: _____

Address: _____

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

Office Phone: _____ Mobile Phone: _____

Fax: _____ Email: _____

Emergency Contact Name: _____ Emergency Contact Phone Number: _____


2021 NRPA ANNUAL CONFERENCE

Adapt | Connect | Unite | Lead

REGISTRATION QUESTIONS?
 Call: 888.385.8010 (toll-free U.S. & Canada)
 972.349.5891 (International)
 Fax: 972.349.7715
 Email: nrpa@mcievents.com

PLEASE DO NOT MAIL OR FAX REGISTRATION FORMS AFTER AUGUST 20, 2021 – REGISTER ONLINE.

CERTIFICATION DESIGNATION: CPRE CPRP CTRS CPSI AFO APRP _____

 Under the Americans with Disabilities Act, will you require any reasonable accommodations during the conference? If Yes, please explain, so that we can prepare in advance. _____

ATTENDEE INFORMATION:

Check here if you would **not** like to receive mailings and emails from NRPA on behalf of exhibitors promoting park and recreation products and services. (NRPA will never release your physical or email address.)

<p>1. Is this your first NRPA Annual Conference? <input type="radio"/> Yes <input type="radio"/> No</p>	<p><input type="radio"/> Educator/Researcher <input type="radio"/> Supplier <input type="radio"/> Nonprofit Service Provider <input type="radio"/> Volunteer/Coach <input type="radio"/> Retired/Professional <input type="radio"/> Student <input type="radio"/> Other (e.g., Landscape Architect, Agronomist, Historian, Naturalist, Mechanic, etc.) _____</p>	<p><input type="radio"/> CPRE (Certified Park and Recreation Executive) <input type="radio"/> CPRP (Certified Park and Recreation Professional) <input type="radio"/> CPSI (Certified Playground Safety Inspector) <input type="radio"/> Other (please specify): _____</p>	<p><input type="radio"/> White <input type="radio"/> Other (please specify): _____ <input type="radio"/> I prefer not to answer</p>
<p>2. What is your Employer type? <input type="radio"/> College or University <input type="radio"/> Federal Government <input type="radio"/> Independent Consulting Firm <input type="radio"/> Landscape Architect/Design Firm <input type="radio"/> Municipality/Park District/County <input type="radio"/> Military <input type="radio"/> Playground Equipment Manufacturer/ <input type="radio"/> Supplier <input type="radio"/> School District <input type="radio"/> State Government <input type="radio"/> Other (please specify): _____</p>	<p>6. What is your area of Responsibility (check all that apply, if applicable)? <input type="radio"/> Administration <input type="radio"/> Armed Forces Recreation <input type="radio"/> Arts & Cultural Resources <input type="radio"/> Aquatics <input type="radio"/> Athletics & Sports <input type="radio"/> Park Advocate <input type="radio"/> Education <input type="radio"/> Inclusion & Accessibility <input type="radio"/> Information Technology <input type="radio"/> Leisure & Aging <input type="radio"/> Maintenance & Facilities <input type="radio"/> Marketing & Communications <input type="radio"/> Park Resources <input type="radio"/> Tourism & Special Events <input type="radio"/> Volunteer Management <input type="radio"/> Youth Services <input type="radio"/> Other (please specify): _____</p>	<p>10. What is your Education level? <input type="radio"/> Trade, Technical, Vocational Training <input type="radio"/> High School <input type="radio"/> Some College <input type="radio"/> Associate's Degree <input type="radio"/> Bachelor's Degree <input type="radio"/> Master's Degree <input type="radio"/> Doctorate</p>	<p>14. Dietary restrictions: Please let us know of any food allergies, religious or dietary practices: <input type="radio"/> None <input type="radio"/> Lactose Intolerance or Dairy Free <input type="radio"/> Peanut or Tree Nut Allergy <input type="radio"/> Diabetic <input type="radio"/> Celiac Disease (Gluten-Free) <input type="radio"/> Vegetarian Diet <input type="radio"/> Vegan Diet <input type="radio"/> Kosher <input type="radio"/> Halal <input type="radio"/> Other (please specify): _____</p>
<p>3. What is your agency's Setting (if municipality/Park District/County)? <input type="radio"/> County <input type="radio"/> Educational Institution <input type="radio"/> Military <input type="radio"/> Rural <input type="radio"/> Park/Special Park District <input type="radio"/> State <input type="radio"/> Suburban <input type="radio"/> Metropolitan/Urban <input type="radio"/> Other (please specify): _____</p>	<p>7. What is your Occupational level (select one, if applicable)? <input type="radio"/> Staff <input type="radio"/> Middle Management <input type="radio"/> Executive Management</p>	<p>11. Your badge will include your gender pronouns. What set of pronouns should your badge include? <input type="radio"/> He/Him/His <input type="radio"/> She/Her/Hers <input type="radio"/> They/Them/Theirs <input type="radio"/> Other (please specify): _____ <input type="radio"/> I prefer my badge not include my gender pronouns</p>	<p>15. Should NRPA provide one, what T-shirt size would you prefer? <input type="radio"/> S <input type="radio"/> M <input type="radio"/> L <input type="radio"/> XL <input type="radio"/> 2XL</p>
<p>4. What is your agency's Annual Operating Budget? <input type="radio"/> Under \$500K <input type="radio"/> \$500K-\$2.5 million <input type="radio"/> \$2.5-\$5 million <input type="radio"/> \$5-\$10 million <input type="radio"/> Over \$10 million <input type="radio"/> Unsure about budget size</p>	<p>8. What is your Purchasing Role (if applicable)? <input type="radio"/> Make final decision <input type="radio"/> Make final recommendation <input type="radio"/> Part of recommendation process <input type="radio"/> Do not have a purchasing role</p>	<p>12. To the extent you feel comfortable, please indicate whether you are of Hispanic, Latino or Spanish origin: <input type="radio"/> Yes, I am of Hispanic, Latino or Spanish origin <input type="radio"/> No, I am not of Hispanic, Latino or Spanish origin <input type="radio"/> I prefer not to answer</p>	<p><i>In order to provide a safer conference/ in-person events and to comply with COVID-19 restrictions and guidelines, NRPA collects information regarding an attendee's vaccination status. NRPA relies on the fulfillment of the contract as the lawful basis under GDPR Article 6 for processing attendees' personal information. NRPA Privacy Policy.</i></p>
<p>5. What is your Occupation (select one)? <input type="radio"/> Park & Recreation Professional <input type="radio"/> Armed Forces Recreation Professional <input type="radio"/> Park Advocate/Civic Leader <input type="radio"/> Consultant</p>	<p>9. What Certifications are of interest to you? <input type="radio"/> AFO (Aquatic Facility Operator)</p>	<p>13. To the extent you feel comfortable, please indicate the options that best describe your race: <input type="radio"/> American Indian or Alaska Native <input type="radio"/> Asian or Asian American <input type="radio"/> Black or African American <input type="radio"/> Native Hawaiian or Pacific Islander</p>	<p>16. Will you be fully vaccinated for COVID-19 before attending the conference? In general, people are considered fully vaccinated 2 weeks after their final vaccine dose. <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unsure</p>

IN-PERSON REGISTRATION FEES

	Full Package	Exhibit Hall Only
ALL 3 DAYS EDUCATION SESSIONS	✓	
ALL GENERAL SESSIONS	✓	
EXHIBIT HALL ADMISSION+	✓	✓
One NRPA Social Event (SEE MORE DETAILS AND SELECT YOUR EVENT BELOW)	✓	
Early Bird On/Before August 6		
Member	\$595 <input type="radio"/>	\$125 <input type="radio"/>
Non-member	\$795* <input type="radio"/>	\$175* <input type="radio"/>
Regular: August 7 through September 18		
Member	\$745 <input type="radio"/>	\$175 <input type="radio"/>
Non-Member	\$945* <input type="radio"/>	\$225* <input type="radio"/>

*These non-member registration fees automatically include a 1-year NRPA Membership. To opt out of this benefit, check here: If you opt out, the fee remains the same.

*Due to current health department and local regulations impacting capacity in the Exhibit Hall, entry delays may occur and days/times may be assigned

VIRTUAL REGISTRATION FEES

	Virtual All Access Pass	Student All Access Pass ***
ALL VIRTUAL EDUCATION SESSIONS	✓	✓
ALL GENERAL SESSIONS	✓	✓
VIRTUAL EXHIBIT HALL ACCESS	✓	✓
VIRTUAL NETWORKING OPPORTUNITIES	✓	✓
Early Bird On/Before August 6		
Member	\$295 <input type="radio"/>	\$45 <input type="radio"/>
Non-member	\$395** <input type="radio"/>	\$65** <input type="radio"/>
Regular: August 7 through September 18		
Member	\$345 <input type="radio"/>	\$75 <input type="radio"/>
Non-Member	\$445** <input type="radio"/>	\$95** <input type="radio"/>

**These virtual non-member registration fees automatically include a 3-month trial NRPA membership. To opt out of this benefit, check here: If you opt out, the fee remains the same.

***Students are defined as anyone who is currently enrolled as a full-time or part-time student pursuing a degree in parks, recreation, conservation or related matters, and is not simultaneously employed as a full-time professional. All non-member students must provide proof of student status prior to receiving registration materials. Student status must be verified in one of the following ways: an original letter on the institution's letterhead signed by any qualified representative from your university program, student ID with valid dates or a current transcript. Verification must be submitted at the same time as registration.

TICKETED EVENTS

FOR VIRTUAL AND IN-PERSON ATTENDEES:

Virtual 5K: Fun Run, Walk or Roll
September 20-24, 2021
 (includes a race bib, race medal and a finisher's certificate)

___ Qty x \$25 = \$ ___

FOR IN-PERSON ATTENDEES ONLY: Full-package in-person registrations include one (1) optional NRPA social event. All social events are first come, first served. To reserve your spot, please select one event below.

Wild Horse Saloon
Monday, September 20,
6:30 p.m. - 8:30 p.m.
 120 2nd Ave N
 Nashville, TN 37201

National Museum of African American Music
Tuesday, September 21,
6:30 p.m. - 8:30 p.m.
 510 Broadway
 Nashville, TN 37203

Cumberland Park
Wednesday, September 22,
6:30 p.m. - 8:30 p.m.
 592 South First Street
 Nashville, TN 37213

Last Name: _____ First Name: _____

Membership #: _____ (PLEASE INCLUDE THIS INFORMATION FROM THE FIRST PAGE.)

By completing and submitting this registration form, you agree to NRPA's [Policies and Terms of Registration](#). NRPA encourages you to read these policies and terms carefully. They also can be found at www.nrpa.org/Conference/registration-terms

Registration Summary and Payment

Full payment required for processing. Forms received without payment or authorized purchase order will be returned. If payment covers several registrations, staple check to all forms covered by payment.

Totals:

- › Registration Fees \$ _____
- › Ticketed Events (fee) \$ _____
- › **Grand Total** (U.S. Funds) \$ _____

Return Form and Full Payment

Fax: 972.349.7715

Mail: NRPA Annual Conference Registration, P.O. Box 5004, Merrifield, VA 22116-5004

Cancellation and Refund Policy

Cancellation/Refund requests must be submitted in writing by Friday, August 20, 2021, and will incur a \$100 processing fee. As per NRPA's Policies and Terms of Registration, NO refunds will be issued for requests received or postmarked after August 20, 2021.

Method of Payment (SELECT one)

Type of card: AMEX MC Visa Discover

Card #: _____

Exp. date: _____ Security code: _____

Billing address: _____

Card holder's name: _____

Authorized signature: _____

Check payable to NRPA *Purchase Order #: _____

Cashier #: _____

*All Purchase Orders and accompanying information must be received by Friday, August 20, 2021, and all payments will be due NO LATER than September 10, 2021. Unpaid registrations secured through a purchase order will not be confirmed until full payment is received.

Last Name: _____ First Name: _____

Membership #: _____ (PLEASE INCLUDE THIS INFORMATION FROM THE FIRST PAGE.)