

PENNSYLVANIA STATE ATHLETIC DIRECTORS ASSOCIATION



2017 CONFERENCE REGISTRATION FORM



50th Annual Conference

March 21-25, 2017

Hershey® Lodge & Convention Center – Hershey, PA

The Pennsylvania State Athletic Directors Association (PSADA) is a statewide organization administered by and for secondary school athletic administrators. The mission of the association is to instill the need for integrity, ethical behavior and citizenship by all involved with interscholastic athletics. The association strives for excellence by providing leadership training for all members through a professional development program. Finally, PSADA strengthens creativity within athletic administration through communication, networking, technology and research. PSADA is committed to supporting the expanding role of the athletic directors through:

- **Professional Development Program:** A comprehensive plan designed to encompass all levels of athletic administration; provide professional growth and mentorship opportunities for members.
- **Publications:** An integrated series of publications that include the PSADA newsletters, an Information Folder, the Strategic Plan, A Guide to Evaluating Coaches, the Professional Development Booklet, etc. and all are available in both print and electronic media forms for members.
- **Awards and Scholarship Program:** An established awards program to recognize award winning athletic directors and exceptional student-athletes at their schools.
- **Additional services and benefits:** A comprehensive Coaching Education Program; a number of State Liaisons with PDE, PSBA, PASA, PASSP, PIAA and PATS; a number of National Liaisons with NFHS, NIAAA, and ASEP; as well as Partnerships/Sponsorships, Professional and Educational Resources, and Delegate Assembly opportunities.
- **Membership Categories:**
 - Regular – Open to anyone employed by a school district in Pennsylvania who has among their responsibilities the administration of interscholastic athletics.
 - Retired – Open to any retired person who has been a regular member, and includes opportunities to serve on PSADA committees.
 - Associate – Open to anyone interested in interscholastic athletics, athletic administration, or in the State Association.
 - Student – Open to any student interested in interscholastic athletics, athletic administration, or in the State Association.
 - **Annual Conference:** PSADA conducts its annual conference for its members and those involved in the area of athletic administration for interscholastic schools. This four-day event attracts over 400 members and provides numerous opportunities for professional growth and development. Listed below is a **brief** overview of this year's PSADA Conference. A more detailed listing of scheduled events can be found in the December issue of the PSADA Newsletter. If further questions exist, please refer to the PSADA website at www.psada.org, or contact the Executive Office Dave Eavenson at (717) 706-3938, or through e-mail at psadadave@gmail.com.
 - **Tuesday, March 21, 2017** – Professional development sessions in both the NIAAA LTC program and the ASEP Coaching Education program.
 - **Wednesday, March 22, 2017** – Professional development sessions continue; as well as the NIAAA's certification review and assessment; a first time attendee session; Exhibit Hall and PSADA Foundation raffle; 50th Anniversary Banquet and Reception.
 - **Thursday, March 23, 2017** – General opening sessions; visitations to the vendor exhibition hall; cracker barrel sessions; standing committee meetings; and PSADA's annual awards luncheon.
 - **Friday, March 24, 2017** – General session and exhibit hall displays continue; mini-sessions and annual delegate assembly meeting; and PSADA's annual business luncheon meeting.



2016-17 PSADA MEMBERSHIP DUES

Mail Form(s) & Payment To: Kristin Black
61 Deer Trail Lane Nesquehoning, PA 18240
PH: (570) 657-6143 (F) (570) 645-2507
e-mail: blackk@panthervalley.org

Make Additional Copies as Needed

Make Checks/Money Orders Payable To: PSADA

First: _____ M.I. _____ Last: _____

PIAA District: _____

Suffix: _____ Informal First: _____ Title (CAA/Etc.): _____

Member NIAAA: Yes No

School: _____

Certification: RAA CAA CMAA

School Address: _____

PSADA Member Since: _____

City, State: _____, _____ Zip: _____

Jacket Size: S M L XL 2XL 3XL 4XL

Phone: (____) _____ - _____ FAX: (____) _____ - _____

Shirt Size: S M L XL 2XL 3XL 4XL

Home Address: _____

Preferred Mailing Address: School Home

City, State: _____, _____ Zip: _____

Home: (____) _____ - _____ Cell: (____) _____ - _____

E-Mail: _____

Membership Office Use Only

Check/Money Order # _____

Check/Money Order Date _____

School – Personal – Money Order – Cash

MEMBERSHIP DUES ONLY

Category	PSADA Dues	+	NIAAA Dues	=	Total
Regular/Associate	\$ 50.00	+	\$ 80.00	=	\$ _____
Retired	\$ 20.00	+	\$ 30.00	=	\$ _____
Student	\$ 20.00			=	\$ _____
			Check/Money Order Total	=	\$ _____

NIAAA Membership Information ONLY

New Membership Renewal Membership # _____

Male Female Security # _____ - _____ - _____ (For Insurance Purposes)

Smoker Non-Smoker Date of Birth _____ (For Insurance Purposes)

The NIAAA has formed an ad hoc committee to study diversity among our members. In this regard, a database has been instituted to collect this information from our membership applications. We appreciate your completion of this section so we may better serve our members. Please check one:

- | | | | |
|------------------------------------|--|---|---|
| <input type="checkbox"/> Caucasian | <input type="checkbox"/> African America | <input type="checkbox"/> Asian | <input type="checkbox"/> Pacific Islander |
| <input type="checkbox"/> Latino | <input type="checkbox"/> American Indian | <input type="checkbox"/> Multi-Cultural | <input type="checkbox"/> Alaskan Native |

If none of the above codes seem appropriate, please indicate your background _____.



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First: _____ M.I. _____ Last: _____ PIAA District: _____

Suffix: _____ Informal First: _____ Title (CAA/Etc.): _____ Member NIAAAA: Yes No

School: _____ Certification: RAA CAA CMAA

School Address: _____ PSADA Member Since: _____

City, State: _____, _____ Zip: _____ Jacket Size: S M L XL 2XL 3XL 4XL

Phone: (____) _____ - _____ FAX: (____) _____ - _____ Shirt Size: S M L XL 2XL 3XL 4XL

Home Address: _____ Preferred Mailing Address: School Home

City, State: _____, _____ Zip: _____

Home: (____) _____ - _____ Cell: (____) _____ - _____

E-Mail: _____

Membership Office Use Only

Check/Money Order # _____

Check/Money Order Date _____

School – Personal – Money Order – Cash

CONFERENCE REGISTRATION

Check One	Category	Registration Fee
<input type="checkbox"/>	Regular/Associate	\$ 250.00
<input type="checkbox"/>	Retired	\$ 100.00
<input type="checkbox"/>	Student	\$ 120.00

Check/Money Order Amount = \$ _____

Signature

Date