

Keynote Speakers



Robyn Bretzing
2008 NASPE SW District High
School Teacher of the Year from
Orem, Utah.



John Smith
1989 NASPE National Elementary
Teacher of the Year Educational
Consultant, Flaghouse

Children's Council for
Expanded Physical Educ.
2407 SE 133rd Court
Vancouver, WA 98683

33RD ANNUAL NORTHWEST CONFERENCE ON CHILDREN'S PHYSICAL EDUCATION K-8

Friday Evening,

February 22

And

Saturday, February 23

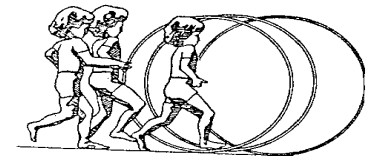
2013

**Conestoga Middle
School**

12250 SW Conestoga Dr

Beaverton, OR 97008

<http://www.ccepe.net>



NONPROFIT ORG
U.S. POSTAGE
PAID
VANCOUVER, WA
PERMIT NO. 227

CONFERENCE FEES

*Pre-registration price: \$100.00
(if post marked by Feb. 1, 2013)
includes conference t-shirt,
packet, & sack lunch

*Registration received after Feb.
1, 2013 and on site is \$125.00
(Packet, T-shirt, and Lunch for
on-site and late mail-in
registrations are subject to
availability and are not
guaranteed)

*Student Registration - \$35.00
(must show proof of full-time
student status)

*\$10.00 processing fee will be charged
for any refund prior to February 1st

***NO REFUND AFTER
FEBRUARY 1st**

*CHECKS PAYABLE to Council
for Children's Expanded Physical
Education or CCEPE

CONFERENCE HOTEL

Embassy Suites Washington
Square
9000 SW Washington Square Rd.
Tigard, OR 97223
1-800-EMBASSY
www.embassysuites.com

CONFERENCE SCHEDULE

Friday, February 22, 2013

On-Site Registration: 5:00 PM
Sessions: 6:00 PM–8:00PM

Saturday, February 23, 2013

On-Site Registration: 7:00 AM
Sessions: 8:00 AM – 3:30 PM

Session Topics include:

- Fitness Activities
- Rhythms/Dance
- Technology
- Rock Wall/Climbing
- Academic Integration into PE
- Adapted Physical Education
- New games/activities
- Learning Readiness/Brain

**To see the complete schedule
please visit our website:
www.ccepe.net LOOK for
CCEPE now on Facebook too!

Questions? Email:

heidi.wegis@oregonstate.edu

Register for OSU credit or WA
clock hrs on-site on Friday.
Separate fee. PDU's available for
Oregon Professionals.

REGISTRATION

Name: _____

Home Address: _____

City _____ State _____ Zip _____

Phone (____) _____

E-mail _____

School _____

School District _____

**T-shirt: S M L XL
XXL**

____ Please check here if you have a condition
that requires accommodations for full
participation in the conference. A
representative will call to discuss your needs

Total Amount Enclosed: \$ _____

Checks payable to CCEPE

***PAYMENT MUST**

ACCOMPANY REGISTRATION

We will accept personal checks,
district checks, or money orders.

***NO P.O.'s or CREDIT CARDS**

Mail to: CCEPE

620 NW 17th St

Corvallis, OR 97330