

IAHPERD Exhibitor Program Proposal Form

Pheasant Run Resort, St. Charles, November, 2008

Provide the following information to propose a program you would like to present at the 2008 IAHPERD State Convention. All proposals must be received no later than **April 1, 2008.**

Fill out the form completely! Type or Print Clearly.

1. Title of Proposed Program (should be descriptive of the program content) _____

2. Brief Description of Program (25 words or less) _____

3. Speaker _____
School Name and Address _____
Home Address _____
Telephone Number(s) Work _____ Home _____
Fax _____ E-mail _____
(LIST ADDITIONAL SPEAKERS ON THE BACK: ADDRESSES/PHONE/FAX/E-mail)

4. CIRCLE THE **ONE** CATEGORY AREA for which the presentation would be most appropriate:
Physical Education Dance Adapted Health/Wellness
Sports/Athletics Adventure Challenge Education Future Professionals
5. GRADE LEVEL SPECIFIC – CIRCLE THE **ONE** AGE LEVEL THAT APPLIES TO YOUR PROGRAM:
Pre-5 6-8 9-12 College Other (e.g.) Adult
6. Suggested length: CIRCLE **ONE** 1 hour 2 hour workshop 3 hour workshop
7. DAY AND TIME WILL BE ASSIGNED BY THE PROGRAM CHAIRPERSON
8. **CIRCLE** any special requests:
Must be in AM Must be in PM Must be on Thursday Must be on Friday
9. Program Description (CIRCLE **ONE**):
Audience Participation: Activity oriented for large group such as dance/games – attendees take an active part in the program
Demonstration: Individual or small group conducts activity for a seated audience
Lecture: Speaker with seated audience
Group and/or Panel Discussion: Audience seated at round tables or w/speakers at table
Computer/Technology Set-Up
10. Are you bringing students to perform/demonstrate? **YES** **NO** **Age Group** _____
11. Do students have special needs or wheelchairs? **YES** **NO** **Identify** _____
12. Space Requirements – CIRCLE THE **ONE** TYPE OF ROOM AND DESIGN YOU WILL NEED:
Theatre seating **Large open area (gym/ballroom)** **Pool** **Dance Floor**
Special set-up/requirements/accommodations for mobility impaired

Signature of Person Submitting Proposal:

Date: _____

Mail proposals directly to:

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