

**IAHPERD CONVENTION 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 requests will be considered and screened by the Program Planning Committee and those selected will be notified prior to **May 1, 2008**. **FILL THE FORM OUT COMPLETELY! TYPE OR PRINT CLEARLY!**

1. Title of Proposed Program (should be descriptive of the program content) **All presenters, regardless of type of program, are encouraged to submit a session / program handout (if applicable) in computer form, for inclusion on the convention session CD.**

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. **CHECK THE ONE CATEGORY AREA** for which the presentation would be most appropriate:
- Physical Education Dance Adapted Health Fitness
 Sports/Athletics Adventure Challenge Education Future Professionals

5. **CHECK THE ONE AGE LEVEL THAT BEST APPLIES TO YOUR PROGRAM:**

Pre-5 6-8 9-12 College Adult

6. Suggested length: **CHECK ONE** 1 hour 2 hour

7. DAY AND TIME WILL BE ASSIGNED BY THE PROGRAM CHAIRPERSON

8. **CHECK** any special requests:

Must be AM Must be in PM Must be on Thursday Must be on Friday

9. Program Description (**CHECK 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 which does **NOT** take an active part in the program
- Lecture:** Speaker with seated audience
- Group and/or Panel Discussion:** Audience seated at round tables or w/speakers at table
- Interactive Computer:** Attendees will use computers during the session
- Technology:** Attendees do not use computers during the session

10. Are you bringing students to perform/demonstrate/present? **YES** **NO** Age _____

11. Do students have special needs or wheelchairs? **YES** **NO** Identify _____

12. Space Requirements – **CHECK 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: _____

Mail Proposals Directly To: _____

Date: _____

