

# IAHPERD Exhibitor Program Proposal Form

## Pheasant Run Resort, St. Charles, November, 2012

Provide the following information to propose a program you would like to present at the 2011 IAHPERD State Convention. All proposals must be received no later than **March 16, 2012.**

**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 \_\_\_\_\_  
Work 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: 1 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. 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:**

IAHPERD Executive Director – Robert McBride  
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Jacksonville, IL 62651  
FAX: 217 – 245 – 5261  
E-Mail: iahtperd@gmail.com