

**IAHPERD CONVENTION PROGRAM PROPOSAL FORM
PHEASANT RUN RESORT, ST. CHARLES, NOVEMBER, 2010**

Provide the following information to propose a program you would like to present at the **2010** 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, 2010**. **FILL THE FORM OUT 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 _____

Cell _____ 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: _____

Date: _____

Mail Proposals Directly To:

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