

Conference 2012

Session Proposal Form

62nd Annual Arizona Parks & Recreation Association Conference
August 27 – 30, 2012 ■ Fairmont Scottsdale Princess Resort, Scottsdale, AZ

Submission Deadline:

Post Marked or E-mailed by March 1, 2012.

Proposals must be typed or reproduced on a computer.

Handwritten forms will not be accepted. Please do not use staples.

☞ *Items marked with this symbol are required for CEU accreditation. Please be certain to complete these sections in their entirety.*

☞ **SESSION TITLE:** (Limit to 7 words)

EDUCATIONAL THEME: (Select theme from below)

- | | | |
|---|--|---|
| <input type="checkbox"/> Administration | <input type="checkbox"/> Sports or Aquatics | <input type="checkbox"/> Marketing |
| <input type="checkbox"/> Recreation Programming | <input type="checkbox"/> Parks, Facilities, Open Space | <input type="checkbox"/> Inclusion |
| <input type="checkbox"/> Professional Development | <input type="checkbox"/> Therapeutic Recreation | <input type="checkbox"/> Boards & Commissions |

☞ **LEARNING OUTCOMES:** (Measurable behavior or performance objectives)

Participants will:

- 1.
- 2.
- 3.

DESCRIPTION: (Please describe your session in 25 words or less)

LENGTH: _____ 1.25 hour _____ 2.5 hours _____ other: () hours

☞ **PRESENTATION OUTLINE:** (Associate items in this outline to the *Learning Outcomes* above*)

TOPIC/METHOD OF DELIVERY	OUTCOME TO BE ACHIEVED*	TIME USED
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SESSION LOGISTICS:

AUDIOVISUAL EQUIPMENT: *Speakers must provide their own laptops for PowerPoint presentations. For Macintosh computers, the speaker must provide the projector and/or cable adaptor.*

- | | | |
|--|--|--------------------------------------|
| <input type="checkbox"/> LCD Projector | <input type="checkbox"/> Slide Projector | <input type="checkbox"/> DVD player |
| <input type="checkbox"/> Flip Chart | <input type="checkbox"/> Marker Board | <input type="checkbox"/> Other _____ |

HANDOUTS: **MUST BE THREE- HOLE PUNCHED!!!!**

Provided for this session? Yes No Number _____

If yes, who will copy Speaker APRA (Provide 3 weeks prior to conference)

SPECIAL REQUIREMENTS FOR ROOM SETUP: _____

HONORARIUM/COMPENSATION: (Subject to approval by the Education Chair)

Yes No Total Amount: \$ _____

☛ **TARGET AUDIENCE:** (Check all that apply)

Administration/Management Therapeutic Recreation Program Natural Resources
 Park/Facility Operation Citizens/Board Members Students Aquatics

CEU SESSIONS: The majority of delegates are seeking CEUs for renewing their certification. CEU sessions may be one session of 1.25 hours or may be a 2.5 hour program (two sessions). **The Primary Goal of a CEU session is to improve performance.**

CEU Criteria include:

1. Activity is planned in response to educational needs which have been identified for a target audience.
2. Activity has clear and concise written statements of intended learning outcomes.
3. Qualified instructional personnel are involved in planning and conducting each activity.
4. Content and instructional methods are appropriate for the intended learning outcomes of each activity.
5. Participants must demonstrate their attainment of the learning outcomes.
6. The participants evaluate each learning activity.

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SPEAKERS/PRESENTERS: Attach resume or vitae for each speaker. Each attachment *must* include previous experience with this topic. Please provide the following complete information.

NAME:

TITLE:

AGENCY/ORGANIZATION:

ADDRESS:

CITY:

STATE:

ZIP:

WORK PHONE:

FAX:

E-MAIL:

ADDITIONAL SPEAKER(s): Maximum # of speakers is two for a 1.25 hour session and three for a 2.5 hour session, with the exception of a panel session. There should be diversity in the speakers and their presentations. Please include any professional certifications the speaker may hold, e.g. CPRP, CLA, CTRS, and CTRA.

1. NAME:
TITLE:
AGENCY/ORGANIZATON:
ADDRESS:
CITY:
STATE:
ZIP:
WORK PHONE:
FAX:
E-MAIL:
Has this speaker presented this topic? ____ Yes ____ No
When & Where:

2. NAME:
TITLE:
AGENCY/ORGANIZATON:
ADDRESS:
CITY:
STATE:
ZIP:
WORK PHONE:
FAX:
E-MAIL:
Has this speaker presented this topic? ____ Yes ____ No
When & Where:

3. NAME:
TITLE:
AGENCY/ORGANIZATON:
ADDRESS:
CITY:
STATE:
ZIP:
WORK PHONE:
FAX:
E-MAIL:
Has this speaker presented this topic? ____ Yes ____ No
When & Where:

SPEAKER EXPENSES: Accommodations and honorariums for speakers employed in the field of parks and recreation *cannot be reimbursed by APRA*. Please do not make any commitments prior to approval by APRA.

Notification of proposed session acceptance or decline will be made by April 13, 2012. Program Committee reserves the right to modify session proposals to align with conference goals and objectives.

SUBMITTED BY:

NAME:
TITLE:
AGENCY & ADDRESS:
CITY, STATE, ZIP:
PHONE:
FAX:
E-MAIL:

*****Email complete packet to: Karen Hesser, Education Chair at: khesser@glendaleaz.com