

“Investing in the Future: Strengthening Schools, Families and Communities”
Nebraska/Iowa AAHPERD Joint State Conference
November 3-4, 2006

Presentation Proposal Form
Due February 15, 2006

Please complete the following in its entirety (front and back) to have your program presentation proposal considered. Those selected will be notified by April 1, 2006. You must be registered for the Council Bluffs convention to present. If you are selected to present you will receive a discount for the conference.

1. **Title of Proposed Presentation (limit of 12 words):**
2. **Brief Description of Presentation Content (limit 50 words):**

3. **Interest Area** (please circle MOST appropriate category)

<u>P.E. and Sport</u>	<u>Health</u>	<u>General</u>	<u>Recreation</u>	<u>Dance</u>
Elem. P.E.	School	JRFH	Outdoor Rec	Dance Education
Middle P.E.	Early Childhood	HFH	Family Rec	Children’s Dance
Secondary P.E.	Elementary	Phys. Best	Experiential	Secondary
College P.E.	Secondary	Advocacy	e.g. challenge	Dance Culture
Youth Sports	Community	Research	course	
Adapted P.E.	Nutrition	Grants	Playground Safety	
Aquatic	Schools	Future Prof.	Campus Rec	<u>OTHER:</u>
Safety	Community	Wellness	Climbing Walls	_____
Science/Technology		Facilities/Equipment		_____
		Aging/Adult Development		_____

4. Is this an Individual Presentation _____ or a Team Presentation _____

5. Mode of Presentation (please check)
Lecture _____ Activity/Participation _____
Panel _____ Demonstration _____

6. Facility Needed (please check)
Activity space _____ Classroom setting _____

7. Length of session will be 60 minutes in length.

8. Audio-Visual Needs:

- | | | |
|---------------------------------|--|--|
| <input type="checkbox"/> TV/VCR | <input type="checkbox"/> Overhead Projector/Screen | <input type="checkbox"/> Flip Chart
(bring own markers) |
| <input type="checkbox"/> Screen | <input type="checkbox"/> CD Player | <input type="checkbox"/> Power Strip/Extension Cord |

NOTE: You will need to provide your own computer/projector for power point.

Speaker Information:

(Team Presentations will need to attach separate sheets)

Speaker Name: _____

NAHPERD #: _____ Exp Date: _____ (or) IAHPERD #: _____ Exp Date: _____

Title: _____ Organization: _____

Work Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Home Phone: _____

Email: _____ Fax: _____

Scheduling Preference (We will attempt to meet your scheduling needs)

I can present on:

Friday only _____

Saturday a.m. only _____

Saturday p.m. only _____

Either _____ Both Days, if needed _____

Please return this to: Deadline February 15, 2006

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