

Speaker Name: _____

Session Title: _____

2008 MRPA State Conference Session Submission Proposal

Thank you for your interest in presenting a session at the 2008 MRPA State Conference being held October 26-28, 2008. Submission Deadline is March 1, 2008 and Acceptance of proposals will be confirmed by May 1, 2008.

All Sessions are 1 hour in length

SPEAKER INFORMATION

Please provide complete contact information. We will use this information to correspond with you regarding your submission.

First Name

Last Name

Job Title

Agency / Company

Address

City

State

Zip

Phone Number

Fax Number

Email Address

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SPEAKER BIOGRAPHY - Please describe your experience with this subject material. Include work experience, research & other pertinent information emphasizing experience and expertise on the subject. (NO resumes please). _____

Are you qualified to teach this subject?

Yes

No

Have you previous taught adult continuing education?

Yes

No

TITLE OF PRESENTATION: (limited to 7 words)

SESSION DESCRIPTION: (limit to one paragraph). If accepted, this description will be used in marketing and the on-site program.

Needs Identification - (Provide a clear explanation of how the need for the course was identified.)

LEARNING OUTCOMES - List 3

Learning outcomes are written statements which describe to the participant exactly what knowledge, skills, and abilities they will be able to accomplish/demonstrate as a result of this learning.

Learning Outcome #1: Participants will be able

To... _____

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Learning Outcome #2: Participants will be able

To... _____

Learning Outcome #3: Participants will be able

To... _____

PROGRAM OUTLINE

Please provide a program session outline, showing the sequence of instruction and planned instruction. Outline must include time frames and relate to the Learning Outcomes. Please indicate if it is a 1, 2, or 3 hour session.

Outline: _____

Target Audience - select all that apply

- | | | |
|--|--|--|
| <input type="checkbox"/> Agency Head | <input type="checkbox"/> Administrator | <input type="checkbox"/> Manager |
| <input type="checkbox"/> Frontline Supervisor | <input type="checkbox"/> Support Staff | <input type="checkbox"/> Service Staff |
| <input type="checkbox"/> Commissioner/Board Member | <input type="checkbox"/> Educator | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Student | | |

Suggested MRPA Track:

- | | | |
|--|---|---|
| <input type="checkbox"/> Aquatics | <input type="checkbox"/> Executive Development/Management | <input type="checkbox"/> Student |
| <input type="checkbox"/> Armed Forces Recreation | <input type="checkbox"/> Parks and Facilities | <input type="checkbox"/> Therapeutic Recreation |
| <input type="checkbox"/> Citizen Development | <input type="checkbox"/> Recreation Programming | <input type="checkbox"/> Other |

OTHER – PLEASE EXPLAIN _____

Instructional Method - select all that apply

- | | | |
|---|--|--|
| <input type="checkbox"/> Lecture | <input type="checkbox"/> Demonstration | <input type="checkbox"/> Case Study |
| <input type="checkbox"/> Handouts | <input type="checkbox"/> Visual Aids | <input type="checkbox"/> Audience Participation/Hands-on Practicum |
| <input type="checkbox"/> Small Group Discussion/Roundtables | | |

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LEARNED ASSESMENT: (Please provide a clear statement of how the participants will demonstrate their attainment of the learning outcomes/objectives. The session must provide means for the speaker to measure the participants' achievement of the learning outcomes.)

Equipment Required: Please list AV equipment you might need) We request that each speaker bring his or her own equipment, laptops cannot be provided – we have limited budget for rentals.

LCD Projector ___ Wireless Microphone ___ VCR ___ DVD ___ Overhead ___
Flip Charts ___ Other ___

SPEAKER COMPENSATION

It is the policy of MRPA not to pay speaker fees/honorariums to those "in the field" of parks and recreation. Speakers "outside the field" may request a speaker fee/honorarium, however, keep in mind that MRPA has a very limited budget and compensation requests will be a factor in considering a speaker/session.

Requested Compensation:

Airfare

Mileage

Lodging

Fees/Honorarium:

Amount:

ADDITIONAL COMMENTS

Comments: _____

Please indicate when you would be available for your session

Monday _____ AM _____ PM

Tuesday _____ AM

Office use only:

MRPA Contact: _____

DATE: _____

Program Accepted: Yes _____ No _____

Speaker Notified: Date _____

Details Finalized: Date _____