

ASAPERD CONFERENCE PROPOSAL FORM

OFFICE USE ONLY	
Division/Council:	_____
Date:	_____
Time:	_____
Room:	_____

Instructions:

- 1. Submit each proposal on a separate form.** Once received, an acknowledgement will be sent to the lead presenter.
- 2. Place a checkmark** by the conference for which you are proposing this session:
 Deadlines: March 15 - Fall Conference _____ January 15 - Spring Conference _____
- 3. Place an X on the line at the end of this section acknowledging your agreement to the following policy:** All Alabama residents should be aware that if you are accepted as a speaker, panelist, presenter, or will participate in the conference program in any manner and if you are involved in the related fields of health, physical education/exercise science, recreation, dance and/or sport in Alabama, you must be a paid member of the Alabama State Association for Health, Physical Education, Recreation, and Dance (ASAPERD). All members of ASAPERD must register for the conference and pay the standard fee. Membership fees for out-of-state clinicians will be waived upon verification of membership in home state AHPERD organization. To avoid "no shows", all confirmed presenters will be asked to preregister for the conference. _____
- 4. Indicate with an X ONE topical area** for which your presentation would be most appropriate. If applicable, *specify an age group/target audience as well (e.g., elementary, college, athletic training).*
 - () Health _____
 - () Physical Education _____
 - () Adapted Physical Education/Activity _____
 - () Dance _____
 - () Athletics / Coaching / Sports _____
 - () Sport & Exercise Science / Fitness / Rehab _____
 - () Jump Rope for Heart / Hoops for Heart _____
 - () Research _____
 - () Recreation / Physical Activity _____
 - () Higher Education _____

- 5. Email this form** to dhester@asahperd.org. If you are unable to email the form, you may fax it to 205-387-5257
- 6. Complete the following sections in their entirety.** Please type or print clearly.

Lead Presenter: _____

Name: School/Employment: _____

E-mail: _____

Additional Presenters: The presenter listed above will be responsible for corresponding with the additional presenters

Name: _____ School/Employment: _____

Name: _____ School/Employment: _____

Name: _____ School/Employment: _____

Title of Session: _____

Description (do not exceed 50 words) – if accepted, this information will be published in the conference program:

Room Request: Lecture _____ Activity _____

Audiovisuals - Indicate AV request for room type. No other equipment will be provided. If you would like to rent additional equipment, contact Donna Hester after your proposal has been accepted (dhester@asahperd.org).

Lecture rooms will be equipped with a screen, table and extension cord

Activity rooms will be equipped with a CD player and microphone; screens and extension cords will be provided only if requested: **screen & extension cord** _____

Presider: As a presenter you may suggest a specific presider for your session. If you do not complete this section, the ASAPERD program planner will assign a person for you.

Name: _____ School/Employment: _____

E-mail: _____