



**"TAKE THE LEAD  
MOVE IN RHYTHM  
WITH LIFE."**

**Iowa Association for Health, Physical Education, Recreation, and Dance  
2007 Convention  
November 10-11  
Des Moines, IA**

**Presentation Proposal Form   
Due February 15, 2007**

To have your presentation considered for the 07 convention, please complete the following in its entirety (front and back) These selected will be notified by the end of April, 2007.

1. **Title of Proposed Presentation** (limit of 12 words)
  
2. **Brief Description of Presentation Content** (limit 50 words):
  
3. **Interest Area** ( Please circle the **MOST** appropriate category)

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

4. **Is this an Individual or Team Presentation** \_\_\_\_\_
  
5. **Mode of Prsentation (please check all that apply)**

Lecture \_\_\_\_\_ Activity/Participation \_\_\_\_\_  
 Panel \_\_\_\_\_ Demonstration \_\_\_\_\_

6. **Facility Needed** (please check)

Activity Space \_\_\_\_\_ Classroom setting \_\_\_\_\_

**Length of session will be 60 minutes.**

**7. Audio-Visual Needs** (please check all that apply)

\_\_\_\_\_TV/VCR/DVD      \_\_\_\_\_Overhead projector/screen      \_\_\_\_\_flip chart  
\_\_\_\_\_Screen      \_\_\_\_\_CD Player      \_\_\_\_\_Power Strip/Extension Cord

**Speaker Information:**

Please list the names of all speakers and designate a contact person

NAME(S)

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

Title (contact person) \_\_\_\_\_

Organization(s) represented \_\_\_\_\_  
\_\_\_\_\_

Work Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email \_\_\_\_\_ Fax: \_\_\_\_\_

**Scheduling Preferences ( We will attempt to meet your scheduling needs)**

I can present on:      Saturday a.m. \_\_\_\_\_      Saturday p.m. \_\_\_\_\_  
                                 Sunday a.m. \_\_\_\_\_      Sunday p.m. \_\_\_\_\_  
                                 Either \_\_\_\_\_      Both days, if needed \_\_\_\_\_

**Health**

School Health  
Community Health

**Sport/Physical Education**

Elementary      Middle Secondary  
College Sport      Adapted

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