



**THIS FORM IS DUE JUNE 1**  
**COMPLETE THIS FORM ONLINE! Visit [www.ilparksconference.com](http://www.ilparksconference.com)**

**IAPD/IPRA Soaring to New Heights Conference**  
**PRE-CONFERENCE WORKSHOPS AND WORKSHOPS ONLY – PRE AND FINAL BROCHURE COPY**  
*(Do not use this form for 1.25-hour sessions)*

<b>SESSION #</b>	<b>SECTION</b> <input type="radio"/> IPRA (10s) <input type="radio"/> IAPD (100s) <input type="radio"/> PARKS (200s) <input type="radio"/> AF/TECH (300s) <input type="radio"/> REC (400s) <input type="radio"/> TR (500s) <input type="radio"/> FAC (600s) <input type="radio"/> STUDENT (800s) <input type="radio"/> C&M (900s) <input type="radio"/> EMS (1000s)	<b>DAY</b> <input type="radio"/> Thursday, Pre-Conference <input type="radio"/> AM <input type="radio"/> PM <input type="radio"/> Fee: \$ _____ <input type="radio"/> Friday <input type="radio"/> AM <input type="radio"/> PM <input type="radio"/> Saturday <input type="radio"/> AM <input type="radio"/> PM
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**ESTIMATED ATTENDANCE:** \_\_\_\_\_

**CEUs REQUESTED:**       0.2 CEUs (Workshops ONLY)       0.3 CEUs (Pre-Conference Workshops ONLY)

**WORKSHOP INFORMATION**

This information is used for the pre and final conference brochures. The description and learning outcomes must be as accurate as possible. **This is used as a promotional tool** – delegates will read the following to determine if they will attend the session. **BE CREATIVE!**

**TITLE**

\_\_\_\_\_

**BRIEF DESCRIPTION**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**LEARNING OUTCOMES (TWO OUTCOMES REQUIRED)**

#1 Participants will: \_\_\_\_\_

\_\_\_\_\_

#2 Participants will: \_\_\_\_\_

\_\_\_\_\_

**SESSION CHAIR (ONE NAME ONLY – MUST BE AN IAPD OR IPRA MEMBER)**

Name: \_\_\_\_\_ Agency: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**SPEAKER(S)/PANELISTS**

*If the Session Chair is also a speaker, please list again below.*

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Agency: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Agency: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Agency: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Check here if you will have more than three speakers. Please list additional speakers on a separate sheet.

**PLEASE RETURN TOP TWO COPIES TO SECTION CHAIR:**

Name: \_\_\_\_\_

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

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

**QUESTIONS? Contact Dina Kartch at either [dina@ILipra.org](mailto:dina@ILipra.org) or 630-376-1911 x200**  
 White Copy – IPRA    Yellow Copy – SECTION CHAIR    Pink Copy – SESSION CHAIR