



THIS FORM IS DUE JULY 30
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IAPD/IPRA Soaring to New Heights Conference
SESSIONS ONLY (75 MINUTES) – FINAL BROCHURE COPY
(Do not use this form for 2- or 3.5-hour workshops)

| SESSION # | SECTION | DAY |
|-----------|--|--|
| | <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) | <input type="radio"/> Friday <input type="radio"/> AM <input type="radio"/> PM <input type="radio"/> Saturday <input type="radio"/> AM <input type="radio"/> PM |

ESTIMATED ATTENDANCE: _____

PLEASE NOTE: All Sessions award 0.1 CEUs and are scheduled for 1.25-hour time slots.

SESSION INFORMATION

This information is used for the final conference brochure. 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 dina@ILipra.org or 630-376-1911 x200

White Copy – IPRA Yellow Copy – SECTION CHAIR Pink Copy – SESSION CHAIR