



## Educational Session Proposal Form

Conference/Workshop Name: \_\_\_\_\_ Date of Event: \_\_\_\_\_

Session Title: *Will be included in all marketing material*

**Primary Speaker:** *Resume or bio is required. Space for additional speaker information on next page*

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

Title: \_\_\_\_\_ Agency: \_\_\_\_\_

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

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

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

Current Member of NYSRPS?      Yes      No      Resume/Bio Attached?      Yes (required)

**Affiliated Organization:** *Who will you be representing on behalf of (if any) at this conference?*

NYSRPS    NYSTRA    HVLSA    LILSA    WRAPS    METRO    TRASC    TRALI

Other \_\_\_\_\_

**Description:** *For promotional materials- 60 words maximum*

**Learning Outcomes:** *It may be helpful to start with "The participant will..." and then please use words such as "Define, Explain, Describe, Record, Identify, List, Outline, Recognize, Recall, Restate" and summarize when stating your learning outcomes and objectives.*

1.

2.

3.

**Education Needs & Benefits:** Describe why this session is of value to the participant:

**Educational Track:** (choose at least one)

- |                                 |                          |                  |                            |
|---------------------------------|--------------------------|------------------|----------------------------|
| Citizen/Advocacy                | Employee/Volunteer       | Management       | Public Relations/Marketing |
| Healthy Lifestyles              | Leadership/Management    | Sports           | Recreation Programming     |
| Revenue                         | Professional Development | Therapeutic Rec. | Environmental Stewardship  |
| Planning, Design, & Maintenance |                          | Other_____       |                            |

**Target Audience:** (check all that apply)

- |                            |                        |              |             |
|----------------------------|------------------------|--------------|-------------|
| Parks and Recreation       | Therapeutic Recreation | Middle Mgmt. | Upper Mgmt. |
| Student/Young Professional | Other_____             |              |             |

**Session Length:** (must be one of the following, transit time does not apply toward session length for CEUs)

- |        |           |   |            |
|--------|-----------|---|------------|
| 1 hour | 1.5 hours | Speed Session (3 presenters in 1 session, 20 mins each) | Other_____ |
|--------|-----------|---|------------|

**Session Date/Time:** (fill out as needed)

Do you have a preferred day/time for your session? If so, please indicate.\_\_\_\_\_

**Audio Visual Equipment Statement:**

We cannot provide certain A/V items such as: laptop computers; LCD projectors; slide projectors; overhead projectors; cordless microphones; or laser pointers. Please make sure to have back-up files for any presentation.

**I will be using a:**(check all that apply)

- |           |            |                       |               |
|-----------|------------|-----------------------|---------------|
| PC laptop | Mac laptop | Other portable device | LCD Projector |
|-----------|------------|-----------------------|---------------|

*\*Please be sure to bring any necessary A/V cables with you*

**I will need:** (check all that apply)

- |            |            |        |               |                     |
|------------|------------|--------|---------------|---------------------|
| DVD Player | Flip Chart | Screen | No A/V Needed | Internet Connection |
|------------|------------|--------|---------------|---------------------|

**\*All rooms will be set theater style. If you need an alternate set up, please contact the Program Chair.**

**Content Sharing:** (please select one)

Are you willing to provide NYSRPS with and/or upload your presentation or any supporting material for members to access after your presentation?                      Yes                      No

**Social Media:** (please write 'N/A' if you will not be using/don't have any)

Please list social media outlets and usernames for you/your business.

**Additional Speaker Information:**

Please complete the following information for any additional speakers. Use additional sheets if necessary. A **current resume or bio for each speaker MUST be submitted with this form (minimum of 350 words).**

**Additional Speaker:**

Name: \_\_\_\_\_  
Title: \_\_\_\_\_ Agency: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Current Member of NYSRPS?                      Yes          No                      Resume/Bio Attached?          Yes (required)

**Additional Speaker:**

Name: \_\_\_\_\_  
Title: \_\_\_\_\_ Agency: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Current Member of NYSRPS?                      Yes          No                      Resume/Bio Attached?          Yes (required)

***Only complete Proposal Forms will be accepted. Please be sure this form has been filled out in full.***

*The New York State Recreation and Park Society, Inc.  
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