

LAHPERD PROGRAM REQUEST FORM

Form Due by May 31st

Thank you for taking advantage of this opportunity to share your ideas with your peers.

1. Program Title _____

2. Program Description

Write 3 sentences, grammatically correct and descriptive, highlighting what your program is about. This description will be used in the program booklet.

3. Division Area (You may check more than one area)

Div:	<input type="checkbox"/> Physical Education	<input type="checkbox"/> Sport and Leisure	<input type="checkbox"/> Dance	<input type="checkbox"/> Health	<input type="checkbox"/> General
Sections	<input type="checkbox"/> APE	<input type="checkbox"/> Coach Education	<input type="checkbox"/> dance ed	<input type="checkbox"/> health ed	<input type="checkbox"/> future professional
	<input type="checkbox"/> Elementary PE	<input type="checkbox"/> Comm/ outdoor rec	<input type="checkbox"/> dance performance	<input type="checkbox"/> health promo/wellness	<input type="checkbox"/> higher education
	<input type="checkbox"/> Middle/ Secondary PE	<input type="checkbox"/> Athletic Training			<input type="checkbox"/> ethnic minority
		<input type="checkbox"/> fitness/ leisure/ aquatics			<input type="checkbox"/> research
		<input type="checkbox"/> sport management			<input type="checkbox"/> exercise science

4. Presentation type: (check one)

- Lecture/Discussion/Panel (small meeting room, theater style seating)
 Audience Participation/Activity (large room, perimeter seating)

5. Audiovisuals needed: (must check at least one)

Please request only A/V items that are vital to your presentation. Equipment not listed below will be the responsibility of the presenter.

- overhead projector (not an LCD)
 screen
 VCR/TV
 none

6. Program Objectives – List three program objectives

1.

2.

3.

7. Person presenting program (contact person): Please complete all information below

Name: _____

Institution/Company/Parish _____

Mailing address: _____
Street City/State/Zip

Home Phone _____ Work Phone _____

E-Mail _____

Co-Presenters:

2. Name _____

Institution/Parish _____

3. Name _____

Institution/Parish _____

4. Name _____

Institution/Parish _____

Please submit your proposal by May 31st. You may e-mail or mail your program submission to the Vice President of the division in which you are presenting (e-mail addresses located on website at lahperd.org) or to:

Dee Jacobsen, Department of Kinesiology, 112 Huey Long Field House, Baton Rouge, La. 70803
djacob6@lsu.edu

Presenters (posters included) eligible for LAHPERD membership must be current members and must register as a conference participant.

The placement of programs will be complete at the end of June. Notices will be sent soon after that.