

**2018 IPRA Conference**

Grand Wayne Convention Center

Fort Wayne, IN

January 31 – February 2, 2018

# Session Information

**TITLE:**

**SESSION DESCRIPTION (LIMIT OF 100 WORDS):**

**EDUCATION TRACK (SELECT ALL THAT APPLY):**

[ ]  Administration

[ ]  Health & Wellness

[ ]  Natural Resources

[ ]  Operations

[ ]  Programming

**LEARNING OBJECTIVES:**

Learning outcomes must be observable & measurable. When writing outcomes, verbs, which are not observable & measurable, cannot be used. For example, the verbs "know, understand, learn, appreciate, grasp, improve, & enhance" cannot be measured.

Suggested verbs for writing learning outcomes include: count, define, describe, identify, list, name, outline, quote, read, recall, recognize, reproduce, state, write, discuss, estimate, give examples, predict, & summarize.

**SESSION OUTLINE (PLEASE ADD/REMOVE ROWS AS NECESSARY):**

Instruction method can be lecture, group activity, case study, demonstration, etc.

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| --- | --- | --- | --- |
| **Topic with description** | **Speaker** | **Instruction Method** | **Timeline** |
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| **Total** |  |  | **75 minutes** |

***SESSION LENGTH MUST BE 75 MINUTES***

*Rooms are set up with a head table and chairs for audience seating. All rooms will be equipped with a screen, an LCD projector, & a laptop. Special equipment and room set-up must be approved by IPRA. All presenters will be required to use the IPRA Conference presentation template. The template will be sent to presenters once sessions are selected.*

**DO YOU REQUIRE A CLASSROOM STYLE SET UP WITH CHAIRS AND TABLES FOR YOUR SESSION?**

[ ]  Yes

[ ]  No

**IF YOUR SESSION IS NOT SELECTED, WOULD YOU BE INTERESTED IN BEING CONSIDERED FOR A MINI SESSION?**

[ ]  Yes

[ ]  No

**WOULD YOU LIKE TO BE CONSIDERED FOR A FACILITATOR OF A ROUND TABLE DISCUSSION?**

[ ]  Yes

[ ]  No

[ ]  Maybe

# Main Speaker Information

**FIRST NAME:**

**LAST NAME:**

**TITLE:**

**CERTIFICATIONS (IF APPLICABLE):**

**AGENCY/COMPANY:**

**COMPLETE MAILING ADDRESS:**

**CITY:**

**STATE:**

**ZIP CODE:**

**OFFICE PHONE NUMBER:**

**CELL PHONE NUMBER:**

**EMAIL ADDRESS:**

**MAIN SPEAKER BIO (LIMIT OF 100 WORDS):**

**HAS THE MAIN SPEAKER PRESENTED THIS TOPIC BEFORE?**

[ ]  Yes

[ ]  No

*\*If yes, please indicate when and where:*

**HAS THE MAIN SPEAKER PRESENTED AT A PAST NRPA, IPRA, OR OTHER STATE/NATIONAL CONFERENCE BEFORE?**

[ ]  Yes

[ ]  No

*\*If yes, please indicate when and where:*

**2018 CONFERENCE AVAILABILITY (SELECT ALL THAT APPLY):**

[ ]  Tuesday

[ ]  Wednesday

[ ]  Thursday

**STIPEND/TRAVEL REIMBURSEMENT REQUEST:**

Please remember that due to our limited budget, conference presentations are generally pro-bono; nevertheless they are opportunities to increase your visibility to the IPRA audience.

[ ]  Yes, I am seeking a stipend or travel reimbursement request

[ ]  No, I am not seeking a stipend or travel reimbursement request

*\*If yes, please indicate the amount you are requesting:*

**SPECIAL NOTES/REQUESTS:**

**\*IF ONLY ONE SPEAKER IS ASSOCIATED WITH THIS SESSION, YOU CAN SKIP THE REMAINING QUESTIONS BEYOND THIS POINT.\***

# Second Speaker Information

**FIRST NAME:**

**LAST NAME:**

**TITLE:**

**CERTIFICATIONS (IF APPLICABLE):**

**AGENCY/COMPANY:**

**COMPLETE MAILING ADDRESS:**

**CITY:**

**STATE:**

**ZIP CODE:**

**OFFICE PHONE NUMBER:**

**CELL PHONE NUMBER:**

**EMAIL ADDRESS:**

**SECOND SPEAKER BIO (LIMIT OF 100 WORDS):**

**HAS THE SECOND SPEAKER PRESENTED THIS TOPIC BEFORE?**

[ ]  Yes

[ ]  No

*\*If yes, please indicate when and where:*

**HAS THE SECOND SPEAKER PRESENTED AT A PAST NRPA, IPRA, OR OTHER STATE/NATIONAL CONFERENCE BEFORE?**

[ ]  Yes

[ ]  No

*\*If yes, please indicate when and where:*