



76th Annual Vermont Conference on Recreation

Thursday & Friday, October 10 & 11, 2019
Lake Morey Resort, Fairlee, VT



REQUEST FOR PROPOSALS EDUCATIONAL SESSION PROPOSAL GUIDELINES

- **TITLE** - Seven words or less...ideally related to the conference theme *"In Pursuit of Excellence."*
- **DESCRIPTION** – In 125 words or less, please describe your session content using words that relate to the theme.
- **LENGTH** – Sessions, including time for questions & answers, are either 70 minutes (.1 CEU) or 3 hours (.3 CEUs). New this year, propose a Speed Session that is 10, 20, or 30 minutes long – perfect for first-time presenters.
- **TARGET AUDIENCE** – Please check appropriate box or boxes on the next page to signify target audience.
- **NEEDS IDENTIFICATION** - Why is this topic important?
- **LEARNING OUTCOMES** - Measurable behavior or performance objectives. Suggested verbs for writing learning outcomes include: count, identify, outline, recall, state, give, predict, define, list, quote, recognize, write, estimate, summarize, describe, name, read, reproduce, discuss.
- **AV/ROOM REQUESTS** - List AV needs; specify special room arrangements, e.g. lecture, large open space for activities, etc. NOTE: LCD projectors will be available in each room. Speakers must provide their own laptop.
- **PREFERRED SESSION TIME** - Specify only if speaker needs a specific time. Where possible, VRPA will attempt to schedule speakers according to requests.
- **ACCESSIBILITY REQUIREMENTS** – State any special accommodations the speaker may need.
- **SPEAKER CONTACT INFORMATION** – Complete contact information, including email, is required. All official correspondence will be sent through the lead/primary speaker. It is the Lead Speaker's responsibility to communicate all details with any co-presenters.
- **SPEAKER BIOGRAPHY** – Please attach a short biography for each speaker. What you provide will be used to introduce the speakers. Maximum 100 words.
- **SESSION HANDOUTS** – We will be requesting all session handouts at least two weeks prior to the conference, so that they can be downloaded to our website for delegates to access before coming to the conference. We will remind delegates to make copies of the handouts for the sessions they plan to attend. Speakers, please plan to bring handouts with you if you want to be sure that everyone has a copy. Thank you.

PROPOSALS RECEIVED BY March 1, 2019 will be given priority.

Send to:
VRPA Executive Director, Betsy Terry, at betsy@vrpa.org or 802-878-2077

E-Mails Preferred...Thanks.



VERMONT
RECREATION & PARKS
ASSOCIATION

76th Annual Vermont Conference on Recreation
October 10 & 11, 2019 Lake Morey Resort, Fairlee, VT



"In Pursuit of Excellence"

EDUCATION SESSION PROPOSAL

1. **SESSION TITLE:** (We would appreciate it if you would use words that relate to the conference theme)

2. **SESSION DESCRIPTION:** (Please relate to the conference theme, thanks. Maximum of 125 words.)

3. **IDEAL LENGTH:** 70-minute 3 hours **Speed Session:** 10-minute 20-minute 30-minute

4. **TARGET AUDIENCE:** (*check all that apply*)

<input type="checkbox"/> Administrative Assistants	<input type="checkbox"/> Recreation Programmers	<input type="checkbox"/> Trails, Parks & Buildings
<input type="checkbox"/> Administrators	<input type="checkbox"/> Natural Resource Management	<input type="checkbox"/> Other: please specify: _____

5. **NEEDS IDENTIFICATION:** *Why is this session important?*

6. **MEASURABLE LEARNING OUTCOMES:** *Use action words to describe learning outcomes.*

7. **AV/ROOM REQUESTS:** (*Standard setup will be either classroom or theatre style seating with a Flipchart, Screen, AV cart, LCD projector, and Presenter Table available in each room.*)

LCD Projector Other: (please specify) _____

8. **SPECIAL TIME REQUEST FOR PRESENTATION:** (*check one*) AM PM No Preference

9. **SPECIAL ACCOMODATIONS:** _____

9. **SPEAKER CONTACT INFORMATION:**

LEAD SPEAKER NAME: _____ **TITLE:** _____

COMPANY/AGENCY: _____

PHONE: _____ EMAIL: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

CO-SPEAKER NAME: _____ **TITLE:** _____

COMPANY/AGENCY: _____

PHONE: _____ EMAIL: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

