



Illinois Association of Park Districts

Illinois Association of Park Districts
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 217/523-4554
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Illinois Park and Recreation Association
 536 East Avenue
 LaGrange, IL 60525
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2013 IAPD/IPRA Soaring to New Heights Conference, January 24-26 at the Hyatt Regency Chicago
SESSION SUGGESTION FORM - DUE FRIDAY, MARCH 2, 2012

Please be specific in describing your suggestion and speaker information and forward your completed form
NO LATER THAN MARCH 2, 2012 to:

Dina Kartch, IPRA Education and Conference Director
E: dina@ILipra.org, **F:** 708-354-0535, **W:** www.ILparksconference.com

TOPIC (LIMIT 10 WORDS):

PLEASE INDICATE A TOPIC TRACK FOR THE SESSION (SELECT ONLY ONE):

<input type="checkbox"/> BOARDSMANSHIP	<input type="checkbox"/> FACILITIES	<input type="checkbox"/> FINANCE/IT	<input type="checkbox"/> GOVERNANCE/LEGAL
<input type="checkbox"/> HR/RISK MANAGEMENT	<input type="checkbox"/> LEADERSHIP/MANAGEMENT	<input type="checkbox"/> MARKETING/ COMMUNICATIONS	<input type="checkbox"/> PARKS
<input type="checkbox"/> RECREATION	<input type="checkbox"/> THERAPEUTIC RECREATION		

DESCRIPTION:

ESTIMATED LENGTH OF SESSION: 75 minutes 2 hours 3.5 hours

WHY IS THIS TOPIC IMPORTANT TO THE CONFERENCE AND TO IAPD/IPRA MEMBERS? _____

SUBMITTED BY:

 Name, Agency, Email, Phone

ARE YOU WILLING TO CHAIR THIS SESSION? YES NO **(NOTE: You must be an IAPD or IPRA member.)**

<p>SUGGESTED SPEAKER #1</p> <p>Name: _____</p> <p>Phone: _____</p> <p>E-mail: _____</p> <p>Qualifications/Experience: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>SUGGESTED SPEAKER #2</p> <p>Name: _____</p> <p>Phone: _____</p> <p>E-mail: _____</p> <p>Qualifications/Experience: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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NOTE: The Program Committee may not be able to accommodate all suggestions. **Speakers at the IAPD/IPRA Soaring to New Heights Conference are not permitted to mention or sell their products/services during the session(s).**

FOR OFFICE USE ONLY - SUGGESTION ROUTED TO:

<input type="checkbox"/> AF	<input type="checkbox"/> CM	<input type="checkbox"/> EMS	<input type="checkbox"/> FM	<input type="checkbox"/> IAPD	<input type="checkbox"/> IPRA	<input type="checkbox"/> PARKS	<input type="checkbox"/> REC	<input type="checkbox"/> STUDENT	<input type="checkbox"/> TR
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