



Illinois Association of Park Districts
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Illinois Park and Recreation Association
 536 East Avenue
 LaGrange, IL 60525
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2014 IAPD/IPRA Soaring to New Heights Conference, January 23-25 at the Hyatt Regency Chicago
SESSION SUGGESTION FORM – DUE FRIDAY, MARCH 1, 2013

Please be specific in describing your suggestion and speaker information and forward your completed form **NO LATER THAN MARCH 1, 2013** to:

Dina Kartch, IPRA Meetings 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>Email: _____</p> <p>Qualifications/Experience: _____</p> <p>_____</p> <p>_____</p>	<p>SUGGESTED SPEAKER #2</p> <p>Name: _____</p> <p>Phone: _____</p> <p>Email: _____</p> <p>Qualifications/Experience: _____</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). IAPD/IPRA members, exhibitors and those working in the field of parks and recreation are not eligible to receive an honorarium, expense reimbursement, complimentary registration, sleeping room or parking.**

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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