



www.nirsaregion4conference.com

PRESENTATION PROPOSAL

October 24 - 26, 2007 • Baton Rouge, Louisiana

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Presenter Information

PLEASE PRINT OR TYPE.

LEAD PRESENTER

NAME

INSTITUTION

EMAIL

ADDRESS

CITY

STATE

ZIP

PHONE

FAX

ASSISTANT PRESENTER 1

ASSISTANT PRESENTER 2

NAME

NAME

INSTITUTION

INSTITUTION

PHONE

PHONE

EMAIL

EMAIL

Submitting a Proposal

Return a completed form for each proposed session to Melissa Longino by September 5, 2007.

Remember to complete page 2 of this form!

Return all Presentation Proposals to:

Mail

Fax

Email

LSU University Recreation
ATTN: Melissa Longino
Student Recreation Complex
Baton Rouge, LA 70803

OR

225.578.8489

OR

mlongino@lsu.edu

Presentation Information

PRESENTATION TITLE

Select the main topic of your presentation:

- | | |
|--|-----------------------------------|
| Administrative / Executive Skills | Marketing / Public Relations |
| Aquatics | Outdoor Recreation / Experiential |
| Computers / Technology | Professional Preparation |
| Extramurals / Intramurals / Officiating | Research |
| Facility Management | Risk Management / Legal Issues |
| Facility Planning/Design | Special Events |
| Family / Youth Programs | Sport Clubs |
| Financial Planning / Fundraising / Sponsorship | Staff Development |
| Fitness | Student Professional Development |
| Health / Wellness | Sustainability |
| Instructional Programs | |
| Other _____ | |

Presentation Format: Lecture (_____)% Roundtable (_____)% Workshop (_____)%

Presentation Length: 60 Minutes Other _____

Audiovisual Equipment

- | | | |
|-----------|--------------------|------|
| Projector | TV | VCR |
| DVD | Overhead Projector | None |

Presentation Description Provide a brief description to be printed in the conference program.

Learning Outcomes By the end of this session, participants will:

- 1.) _____
- 2.) _____
- 3.) _____

Verification: Presentations may be scheduled for any day and time slot of the conference at the discretion of the Programming Committee.

Upon review and acceptance, a presentation confirmation will be sent for approved sessions only.

SIGNATURE OF LEAD PRESENTER

PRINT NAME