



2011 Northern New England Recreation & Parks Conference

January 4th – 6th, 2011

Attitash Grand Resort, Bartlett, NH

The Northern New England Recreation & Parks Conference Committee is currently accepting speaker proposals for the 2011 conference.

The conference draws 150+ parks and recreation professionals from all over New England and over 40 vendors. This is regarded as one of the top conferences in New England.

The conference setup is as follows; four sessions are running at a time with four different tracts. The tracts are administration, programming, maintenance and therapeutic recreation. We are currently seeking speakers on topics that fall into those categories.

If you are interested in speaking at our conference please fill out the following form and return it as soon as possible. The conference committee will meet in June to discuss topics and appropriate speakers. Speakers will be notified late June if they were chosen.

Any questions can be directed to

Tara Tower

recreation@lincolnnh.org

or

Phone: 603-745-8673 Fax: 603-745-6743

E-Mails Preferred...Thanks.



REQUEST FOR PROPOSALS EDUCATIONAL SESSION PROPOSAL GUIDELINES

- **TITLE** - Seven words or less, that is related to the Theme.
- **DESCRIPTION** – Two brief sentences describing the session content.
- **LENGTH** – Session lengths are 70 minutes, including time for questions & answers, and are worth .1 CEUs.
- **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: To minimize AV costs, the NNE Committee is requesting speakers provide their own LCD projectors if at all possible. No laptops are available for use, speakers must provide their own. ***NNE's Committee cannot guarantee the availability of equipment not requested at the time the session proposal is submitted.***
- **PREFERRED SESSION TIME** - Specify only if speaker needs a specific time. Where possible, the NNE's committee 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 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 to be read as an introduction.

DEADLINE TO RETURN PROPOSALS: June 1, 2010

NNEPRC Committee will review proposals in June and notify speakers if selected

Send to:

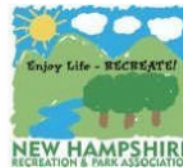
recreation@lincolnh.org

or

NNE's Committee Attn: Tara Tower, PO Box 25, Lincoln, NH, 03251

Questions? Phone: 603-745-8673 Fax: 603-745-6743

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EDUCATION SESSION PROPOSAL

1. SESSION TITLE.

2. SESSION DESCRIPTION.

3. TARGET AUDIENCE: (check all that apply)

- | | | | |
|--|----------------------------------|---|---|
| <input type="checkbox"/> Entry/Students | <input type="checkbox"/> Seniors | <input type="checkbox"/> Board Members/Volunteers | <input type="checkbox"/> Parks & Facilities |
| <input type="checkbox"/> Administration | <input type="checkbox"/> Trails | <input type="checkbox"/> Recreation Programming | <input type="checkbox"/> Therapeutic |
| <input type="checkbox"/> Other: please specify _____ | | | |

4. NEEDS IDENTIFICATION. Why is this session important?

5. MEASURABLE LEARNING OUTCOMES. Use action words to describe learning outcomes.

6. AV/ROOM REQUESTS. (Standard setup for all rooms will be theatre style seating, Flipchart, and Screen) * PLEASE provide your own LCD Projector if at all possible.

- | | | | |
|---|---|--|------------------------------------|
| <input type="checkbox"/> LCD Projector* | <input type="checkbox"/> Overhead Projector | <input type="checkbox"/> Slide Projector (35 mm) | <input type="checkbox"/> VCR / DVD |
| <input type="checkbox"/> Other: _____ | | | |

7. SPECIAL TIME REQUEST FOR PRESENTATION: (circle one) AM PM No Preference

8. SPEAKER CONTACT INFORMATION:

LEAD SPEAKER NAME: _____ TITLE: _____

PHONE: (____) _____ - _____ FAX: (____) _____ - _____ EMAIL: _____

COMPANY / AGENCY: _____

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

CO-SPEAKER NAME: _____ TITLE: _____

PHONE: (____) _____ - _____ FAX: (____) _____ - _____ EMAIL: _____

COMPANY / AGENCY: _____

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

9. SPEAKER BIO: (Please attach a Bio or write a few words below on speaker(s))

10. FINANCIAL REQUEST FOR SPEAKER

Travel _____ Meals _____

Lodging _____ Honorarium _____

Please return this as soon as possible and no later than June 1st, 2010. Thanks!