



Presenter Information

Lead Presenter

Please Type or Print

Name

Institution

Email

Address

City

State

Zip

Phone & Fax

Co-Presenter 1

Co-Presenter 2

Name

Name

Institution

Institution

Phone

Phone

Email

Email

Presentation Information

Presentation title: _____

Select the main topic of your presentation:

- Administrative/Executive Skills
- Aquatics
- Computers/Technology
- Extramurals/Intramurals/Officiating
- Facility Management
- Facility Planning/Design
- Family/Youth Programs
- Financial Planning/Fundraising/Sponsorship
- Fitness
- Health/Wellness
- Instructional Programs
- Other: _____

- Marketing/Public Relations
- Outdoor Recreation/Experiential
- Professional Preparation
- Research
- Risk Management/Legal Issues
- Special Events
- Sport Clubs
- Staff Development
- Student Leadership Development
- Sustainability

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

Presentation Length: 50 minutes Other:_____

Audio Visual 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 the presentation, 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

Return all Presentation Proposals by September 1, 2009 to

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