



Wisconsin Park & Recreation Association Session Proposal

MAIN SPEAKER INFORMATION

Name: _____ Title: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Email: _____ Phone: _____

ADDITIONAL SPEAKERS' INFORMATION (names, title, organization, and email address)

SPEAKER BIO(S) (Please limit to 100 words each)

Has the speaker presented this topic before? Yes No

When? _____ Where? _____

FINANCIAL

The following lists all agreed WPRA obligations. Any additional expenses and material handouts will be the responsibility of the speaker (Please note per our 501(c)6 organizational requirements that only Non-Members of WPRA qualify for any type of reimbursement, meals, mileage, etc).

HONORARIUM (If applicable) \$ _____

SPEAKER EXPENSES

1.	Transportation	
	a. Car: _____ miles at \$.58 per mile	\$ _____
	b. Air Fare (coach): (receipts required)	\$ _____
	c. Flat transportation stipend	\$ _____
2.	Single sleeping room – reserved by WPRA (on Master Bill)	\$ _____
	Indicate Date(s) _____	
3.	Meals	\$ _____

ROOM AND AV SET-UP

Special equipment and set-ups must be approved by WPRA. ***You are responsible for bringing your own laptop and any cord adaptors.***

Please list A/V requests: _____

PRESENTER RESPONSIBILITY

- By submitting this form, you acknowledge that:
 - Presentations cannot be sales pitches.

EDUCATION TRACKS (Please check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Administration & Management | <input type="checkbox"/> Marketing |
| <input type="checkbox"/> Aquatics | <input type="checkbox"/> Operations, Human Resources, Employment |
| <input type="checkbox"/> Conservation & Natural Resources | <input type="checkbox"/> Park Services and/or Facilities |
| <input type="checkbox"/> Marketing/Communications | <input type="checkbox"/> Executive (governance, boards, fundraising, etc.) |
| <input type="checkbox"/> Environmental Education | <input type="checkbox"/> Parks Administration |
| <input type="checkbox"/> Facility Management | <input type="checkbox"/> Parks & Outdoor Maintenance |
| <input type="checkbox"/> Fiscal Administration | <input type="checkbox"/> Recreation Programming |
| <input type="checkbox"/> Law Enforcement | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Leadership | <input type="checkbox"/> Therapeutic Recreation |
| <input type="checkbox"/> Student Networking | <input type="checkbox"/> Trends |

TITLE (Limit to 7 words) _____

DESCRIPTION (Limit to 75 words)

PROGRAM OUTLINE (Include a detailed outline of your session. Include topics with subtopics.)

LEARNING OUTCOMES (Measurable behavior or performance objectives. One sentence each.)

1. _____
2. _____
3. _____

QUESTIONS AND SUBMISSIONS MAY BE MADE TO:

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Milwaukee WI 53214
414-423-1210
sandy@wpraweb.org