



OKLAHOMA RECREATION AND PARKS SOCIETY PROFESSIONAL DEVELOPMENT FORM

SPEAKER INFORMATION

Name _____ Date _____

Organization _____ Title _____

Street _____

City _____ State _____ Zip _____

Day phone (_____) _____ Night phone (_____) _____

Other phone (_____) _____ E-mail _____

Speaker biography/qualifications: **(must include)** - attach sheet if necessary

SESSION INFORMATION

Title of session: _____

Day and time requested: _____

Has the speaker presented this previously? (*Circle one*) YES NO

If so, where? _____ When? _____

How long is this session? ____ 1hr ____ 2 hr ____ 3hr _____ other (please fill in)

Session description:

TARGET PROGRAM AUDIENCES (*circle all that apply*)

Administrators	Programmers	Maintenance staff	Sports
Supervisors	Cultural arts	Parks	Aquatics
Therapeutic Recreation	Citizen Boards	Aging	

CEU INFORMATION

We'd prefer that all sessions be for offered for CEUs. To be eligible for CEU's this must be completed.

Measurable learning outcomes:

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

AUDIO VISUAL NEEDS *(check all that apply)*

TV/VCR slide projector overhead projector screen
 flipchart other

*Speakers using power point presentations must supply their own laptop and projector due to program/ computer compatibility.

SPEAKER EXPENSES

Any financial commitments for expenses related to speaker fees for stipends or travel MUST be approved PRIOR to proposal acceptance. Please contact the Executive Director for information. ORPS Members are not reimbursed for speaking at ORPS programs.

ORPS CONTACT INFORMATION

Name _____

Phone Number _____ Fax Number _____

E-mail _____

This form must be completed and sent to the ORPS Executive Director at least 6 weeks before date of workshop or conference at the address listed below. CEU's are pending unless you have been notified that they have been approved by the Professional Development Committee Chair. Failure to get this form completed in a timely manner, may effect CEU approval. Professional Development Chair must also receive copy.

ORPS
PO Box 1201
Sand Springs, OK 74063

Professional Development Committee Use Only:

Approved for: _____ CEU's Day & Date _____ Time _____

Special instructions:
