



OKLAHOMA RECREATION AND PARKS SOCIETY PROFESSIONAL DEVELOPMENT FORM

SPEAKER INFORMATION

Name _____ Date _____

Organization _____ Title _____

Street _____

City _____ State _____ Zip _____

Work phone _____ Cell phone _____

Email _____

Brief Speaker Bio (Bio for program and introduction. Separate resume is required for CEU accreditation):

(Add additional pages if needed)

SESSION INFORMATION

Title of session: _____

Day and time requested: _____

Has the speaker presented this previously? YES NO

If so, where? _____ When? _____

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

Presentation/Session description:

TARGET PROGRAM AUDIENCES *(Check all that apply)*

Administrators

Programmers

Maintenance

Sports

Supervisors

Cultural Arts

Parks

Aquatics

Citizen Boards

Therapeutic Recreation

CEU INFORMATION

All sessions will be submitted for CEU accreditation. To be eligible for CEU credit, the following information must be completed along with a resume for each speaker.

Measurable learning outcomes:

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

AUDIO VISUAL NEEDS* (check all that apply)

TV/DVD Projector Screen Flip Chart

Other List: _____

*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.

CONTACT INFORMATION (if other than speaker)

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:

