



Theme: “YOU CAN DO IT TOO!”

2008 OAHPERD Annual Fall Conference

Oregon Alliance of Health, Physical Education, Recreation and Dance

October 10, 2008

Location: TBA

OAHPERD is requesting applications for presenting conference sessions for its 2008 Annual Conference on October 10, 2008 in (location TBA). Below you will find information about the different types of sessions and how to apply as a presenter.

1) Program participants must register for the conference.

**2) Mail, e-mail, or electronic applications must be received on or before July 15, 2008
One copy sent to Executive Director and second copy to the person who contacted you.**

Session Types

- 1) **Presentation** (60 minutes or 90 minutes): A presentation conducted by individuals, groups or organizations. Special emphasis will be given to presentations that focus on specific and replicable classroom or school-wide strategies.
- 2) **Poster Session** (60 minutes): A static display promoting informal discussion between presenters and colleagues through charts, graphs, diagrams, photographs, and text summaries.
- 3) **Roundtable Session** (60 minutes): An informal roundtable discussion between presenters and colleagues about a particular topic or program, component.
- 4) **Non Active Session: Room size needed** _____
- 5) **Active Session: Gym Needs** _____



1) **Title of Program:** _____

2) **Presenter Name*:** _____

3)

Title: _____

School/Agency: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Telephone (W): _____ **Fax:** _____

E-mail: _____

** Please provide full contact information for each presenter*

3) **Type of Conference Program Requested (please identify one program type):**
Presentation Poster Session Roundtable Session

4) **If not accepted for a Presentation, would you like your proposed program to be considered for a Poster or Roundtable Session?**
Round table Session Poster Session

5) **Learning Objective(s): Objectives must specify learning outcomes for the presentation or poster. Complete this sentence for each objective:**
At the end of the session, participant will be able to:

6) **Target Audience(s) (please list all from these disciplines):**
Administrator / Health Educator / Physical Educator / Coach/ recreation Professional/
Dance Professional/ Higher Education Faculty / Other (please specify)

7) **Upon your request, OAHPERD will make the following audiovisual equipment available for your session: (Please indicate)**
❖ Overhead projector and screen
❖ Easel and paper
❖ LCD projector (as available - first requested, first served)

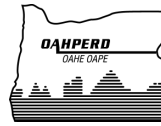
Please send all electronic or hard copy applications to Malinda Schlatter and Cc person who contacted you: Page 1-3

**Malinda Schlatter
5394 Summerlake St SE
Salem, OR 97306**

malindas@comcast.net

Phone: 503-316-8821

Fax: 503-588-4078



2008 OAHPERD State Conference Registration Form
OCTOBER 10, 2008

Location: TBA

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Home Phone: _____ Work Phone: _____
 Place of Employment: _____ Fax Number: _____
 School Year Email: _____
 Summer Email: _____
 University (attending as full-time student) _____

Conference Fees

Member Type	Pre-Registration	On-Site Registration
Professional	\$75.00	\$90.00
Student (full-time)	\$20.00	\$30.00
Retired	\$20.00	\$30.00
Honorary Life	Complimentary	\$45.00
Presenter (1 Session)	\$55.00	\$70.00
Presenter (2 Sessions)	\$35.00	\$50.00
Advocacy Donation	\$5.00	\$5.00
Extra Assn Check	\$5.00	\$5.00

Conference attendees are automatic OAHPERD members from October 1, 2008 – September 30, 2009. MEMBERSHIP includes three Journals. Winter and Spring are E-Journals located at our website and Conference Journal mailed September 1, 2008. www.oahperd.com

Student Members: Check **ONE** Association

Professional Members: Check **TWO** Associations

You may check one Association twice. This determines the portion of your dues that each Association receives.

ADD \$5.00 for a third Association

1 st	2 nd	
_____	_____	OAAS (Athletics & Sport)
_____	_____	OAHE (Health Education)
_____	_____	OAPE (Physical Education)
_____	_____	ODA (Dance)

Pre-Registration by October 1, 2008

Registration must be **received** by October 1 for pre-registration fee amounts

(Visa / MC) complete credit card information here:

Credit card number: _____ Expiration Date: _____
 ___ Visa ___ MC Signature: _____

Make Checks payable to OAHPERD or FAX to OAHPERD: 503-588-4078

Please mail this form with your payment to:

**OAHPERD Conference
5394 Summerlake St SE
Salem, OR 97306**