

**PROGRAM PROPOSAL FOR THE ANNUAL TOEA CONFERENCE**

1. **Program Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Primary Area (circle one):**

STEAM Physical Activity Fine Arts Social Studies Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Secondary Area (choose all that apply):**

Conservation Water Activities Science Target Sports

Adventure Activities Math Leisure Music

Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Primary Audience: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Max # of participants: \_\_\_\_\_\_\_\_\_\_\_\_**

1. **Brief Description (no more than 25 words, will be provided to attendees)**

**3.** **Abstract (less than 100 words) and Program Objectives:**

List (3) Program Objectives: Participants in the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ session will…..

1. .
2. **Presenters (include all presenters; copy and paste if necessary):**

 Name of Speaker:

 Employer/place of work:

 Address:

 Daytime Phone:

 E-mail address:

1. **Nature of program:**

Physically active

Physically inactive (e. g. seated activities)

 Other (please explain): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Space and other requirements Please describe what activity you will be doing and what type of space and equipment you need [e. g. tables, chairs, etc].) Be very specific.**

Will you need power (plug-ins)? YES \_\_\_\_\_ NO\_\_\_\_\_\_\_

1. **Do you prefer that this session be offered on a certain day or time? YES NO**

**If so, please indicate below. We will do our best to accommodate your preferences but will work to create the best schedule possible for attendees.**

Friday afternoon (sometime between 2:30-4:45)

Friday night (after 7:30pm)

Saturday morning

Saturday afternoon

Saturday late night

Sunday morning

1. **Ideal length of session (indicate one): 1hr 2 ¼ hr 3 ½ hr Other (specify)\_\_\_\_\_\_\_\_**
2. **Have you previously presented a program at a TOEA workshop?**

 Yes \_\_\_\_\_\_\_\_ (Most Recent Year\_\_\_\_\_\_\_\_) No\_\_\_\_\_\_\_\_\_

1. **Proposal prepared by:**

Name:

Phone:

Email:

*By completing and submitting this form, we (the presenters) agree to abide by all standards of safety.*

***This form is due by JULY 30 to Chris@toea.org***

NOTE: \*\*\*Presenters will be notified of schedule by August 15th. Presenters will be provided with a handout template to be completed and submitted via email by September 1st. Handouts will be provided electronically to all attendees.