

MIDWEST

Symposium on Therapeutic Recreation and Adapted Physical Activity

CALL FOR PRESENTATIONS

April 26 - 28, 2010

Grand Geneva Resort & Spa • Lake Geneva, Wisconsin

You are invited to submit a proposal for presentation at the 2010 Symposium. Please either complete the information on the reverse side, or complete the proposal submission form online at <http://muconf.missouri.edu/survey/TakeSurvey.aspx?SurveyID=m4KLLm2>.

If accepted for presentation, the information and description provided here will appear in the final Symposium program; therefore it is your responsibility to proofread your proposal carefully before submission. Sessions run either 60 or 90 minutes in length; however, if you need more time, please indicate the time needed. It is assumed that you will be available to present on any of the three days. If your proposal is accepted, the date and time of your presentation will be confirmed via email in early 2010.

Complete proposals must be received by November 24, 2009

PRESENTERS, Please Note the Following

Midwest Symposium Policy on Registration, Honorarium and Expenses:

“In order to keep the Symposium registration fees and expenses at a minimum, professionals and students in recreation and therapeutic recreation are required to pay the Symposium registration fee (at the TR Society member rate) and **will not be reimbursed for presenting or attending the Midwest Symposium on Therapeutic Recreation and Adapted Physical Activity**”. This voluntary effort by educators, practitioners and students has been a primary factor in the continued success of the Midwest Symposium on Therapeutic Recreation and Adapted Physical Activity.

Midwest Symposium on Therapeutic Recreation and Adapted Physical Activity

Session Title: _____

Limit of 65 characters typed exactly as it will appear in the final program. Please do not use "quotation marks" in your title or description.

Session Description:

We will use the following description of your session in the final program. Please write a description of your session in complete sentences and abbreviate only if you want the abbreviation used in the final program description. The description is limited to a paragraph approximately three to four sentences and should be in first person. The selection committee reserves the right to edit for the final program. It is your responsibility to proofread your description before submitting your proposal.

Goals/Objectives Description:

Please describe the goals of your proposed session. You may list objectives as needed. (Example: "At the end of the session on *TR and Persons With Mental Illness* participants will understand how to design programs in TR for persons with mental illness.")

How Long is Your Presentation? Please include time for questions.

90 Minutes 60 Minutes Other _____

Audio-Visual Equipment Needs:

Please list the audio-visual equipment that you will require for your presentation. The Midwest Symposium may not be able to provide certain requested items. You will notified regarding what will be provided. Presenters should provide their own laptops _____

Speaker Information:

Please **complete mailing address and phone number for all speakers** who will be presenting in your session. Confirmation of session acceptance will be e-mailed to the main speaker and copied to the co-speakers. If speakers are added or deleted or information is changed after we receive this form, the main speaker is responsible for contacting our office with the changes. All names, titles, agencies and city/state will appear in the final program exactly as they are listed below.

Main Speaker Contact:

Name _____ Title _____
Agency _____ Agency Mailing Address _____
City _____ State _____ Zip _____
Daytime Phone (____) _____
Fax: (____) _____ E-Mail _____

Co-speakers (use additional paper if necessary):

Name _____	Name _____
Title _____	Title _____
Agency _____	Agency _____
Agency Mailing Address _____	Agency Mailing Address _____
City/State/Zip _____	City/State/Zip _____
Daytime Phone (____) _____	Daytime Phone (____) _____
Fax: (____) _____	Fax: (____) _____
E-mail: _____	E-mail: _____

Return this fully completed form by November 24, 2009 to: MWTR, 344 Hearnes Center, University of Missouri, Columbia, MO 65211; Phone: (573) 882-4038; Fax: (573) 882-1953; E-mail: muconf1@missouri.edu; Website: http://muconf.missouri.edu/midwest_symposium