



Thank you for your interest in speaking at an IAPA Conference in October. Participants include activity professionals, CNAs, social workers and administrators from all over Illinois, who work in a variety of health-care residences.

We ask for your cooperation on the following:

- Please incorporate our theme when titling your presentation. If you are selected, we will send you more information about the theme, dates and times for your presentation.
- Complete and return this Speaker Package by April 1.
- Please email all forms to [cedwards@marybryanthome.org](mailto:cedwards@marybryanthome.org)
- **Speaker will be responsible for providing handouts at time of presentation.** If you would like for us to publish your handout/presentation on our web site, please bring a thumb drive with you to the Conference.

You will be contacted several weeks prior to your presentation(s) with the approximate number of participants for your session(s), and to answer any questions you may have.

Please feel free to contact me with any questions or concerns regarding your presentation.

Sincerely,

DEB GREINER  
Conference and Education Chairperson  
(779) 272-4943  
[dgreiner1957@gmail.com](mailto:dgreiner1957@gmail.com)

**Speaker Biographical Information**

We would prefer a resume`. In lieu of that, please complete the information below.

**Name:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_

**Education:** \_\_\_\_\_

\_\_\_\_\_

**Professional Certification:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Career History:** \_\_\_\_\_

\_\_\_\_\_

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**Creative Work:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Awards:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Memberships:** \_\_\_\_\_

\_\_\_\_\_

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**Additional information you would like to include:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

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**Illinois Activity Professionals Association Presentation Agreement**

**Speaker:** \_\_\_\_\_

**Company/Organization:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

.....  
Speaker agrees to provide the following by the due dates indicated:

- 1. Presentation of the session as outlined on enclosed forms
- 2. Speaker Presentation Information Form (enclosed)
- 3. Current resume, vitae and/or completed biographical form (enclosed)
- 4. Handouts are the responsibility of the presenter.
- 5. Supplies for experiential projects (if any).

IAPA agrees to provide the following:

For the outlined services above, IAPA agrees to the following (check **ONLY ONE**):

- Free Conference
- A free vendor table for all three days of conference.
- One (1) night's accommodation at Conference Hotel (Reservation to be made by speaker).
- Donation of presentation to IAPA by foregoing reimbursement.
- \$150 honorarium within four (4) weeks following the presentation date.
- A full-page ad of your business in our Conference Brochure.

\_\_\_\_\_  
(Speaker's Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Education Committee Chairperson's Signature)

\_\_\_\_\_  
(Date)



**Illinois Activity Professionals Association**

**Speaker Presentation Information Form**

**Please complete a separate Presentation Information Form for each session you will be presenting.**

**Speaker:** \_\_\_\_\_ **Length of Presentation:** 1.5 Hours

**Presentation Title:** \_\_\_\_\_  
(Please attempt to incorporate this year's theme into the title of your presentation.)

**Body of Knowledge Appropriate For (Check all that apply):** \_Independent \_Assisted Living  
\_Supportive Living \_Long-Term Care \_Skilled \_Memory Care \_Mental Illness  
\_Developmentally Disabled \_Blind \_Deaf \_Children \_Adults \_Seniors

**Other:** \_\_\_\_\_  
\_\_\_\_\_

**Room Set-Up:** (All rooms will be set up classroom style with tables, unless other arrangement is requested.)  
**Please note: Any special set-up requests must be accompanied by detailed explanation and diagram.**

No changes are needed  Please see attached explanation & diagram for my set-up request.

**Equipment Needs:** If required for your presentation, you must request a room with A/V and screen, and bring your presentation(s) on a flash drive to be given to our A/V specialist, Lisa Olson, when you arrive.

**Special Requests:**

Podium  Display table(s) # \_\_\_\_\_  Other: \_\_\_\_\_

**Session Learning Objective:** Please submit at least one comprehensive objective for your session by completing the following statement:

“Upon completion of this session, the participant will have gained the knowledge to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Conference Brochure:** Please submit a thorough **description of your session** that will be used in the Conference Registration Brochure.

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**Conference Introduction:** Use the following space to write a **brief introduction to be used by the moderator** to introduce you to your audience. Please include a phonetic pronunciation of your name, i.e., Greiner (gri-ner):

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**Other comments or requests:**

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