

2017 SCAHPERD Conference Call for Presentations Submission Form

2017 SCAHPERD Conference
November 10-12, 2017
Kingston Plantation, Embassy Suites Resort
Myrtle Beach, South Carolina

Presentation Submission Forms for the 2017 Conference are due June 25, 2017

*****If you are an Instate Professional, who should be a SCAHPERD Member, in order to present, your membership must be up to date and pay conference fees to present.*****

*Presenter's Full Name (as it should appear in the program) _____

Credentials (check all that apply):

PhD _____ MS _____ MCHES _____ CHES _____ NBCT _____ FASHA _____ Other(specify) _____

Presenters Email address _____

Presenter's Work /School/Business Name _____

Presenter's Work/ School/Business Address _____

Presenter's Work/ School/Business Phone (Include area code) _____

Presenter's Cell Phone (Include area code) _____

Is Presenter a SCAHPERD member? ____ Yes ____ No

*Co Presenter's Full Name (as it should appear in the program) _____

Credentials (check all that apply):

PhD _____ MS _____ MCHES _____ CHES _____ NBCT _____ FASHA _____ Other(specify) _____

Co Presenters Email address _____

Co Presenter's Work /School/Business Name _____

Co Presenter's Work /School/Business Address _____

Co Presenter's Work/ School/Business Phone (Include area code) _____

Co Presenter's Cell Phone (Include area code) _____

Is Co Presenter a SCAHPERD member? ____ Yes ____ No

Association(s) affiliation you feel your program covers(check all that apply):
 SCAAHE SCAPES SCDA Future Professionals Retirees

Target Audience:

PE K-5 PE 6-8 PE 9-12 PE College Level
 Health Ed K-5 Health Ed 6-8 Health Ed 9-12 Health Ed College Level
 Dance K-5 Dance 6-8 Dance 9-12 Dance College Level
 Community Health Educators School Health Other-Please Specify _____

Have you presented at SCAHPERD in the last three years? Yes No

Title of Proposed Session:

Conference Program Booklet Description (50 words or less):

National or State Standards (PE, CHE, Dance, CHES/MCHES) met with presentation:

Method of Presentation: Lecture Activity Act/Lect Panel Discussion

Space Requirements (Choose one): Classroom (theater style)
 Volleyball court size room (dance/limited movement)
 Small sided activities (small gym size)
 Large activity Floor/Basketball Court Size (large equipment/ running games)
 Panel Discussion -

Day of Presentation Preference (Indicate first and second choice):
(Please note this is only a preference. Final decisions will be made by the program planning committee.)

Pre-conference workshops are typically held Friday mornings before noon.

Friday Pre-conference Workshop (1 ½ hours) Put in priority order
 8:30-11 9:30-11 10-11:30
 Friday Pre-conference Workshop (2 hours)
 9-11 9:30-11:30
 Friday Pre-conference Workshop (3 hours)
 8:30-11:30

Conference sessions begin at noon on Friday. All sessions on Fri to Sat night will be 75 minutes with 15 minutes in between. Sunday morning will run sessions from 8am-11am at 50 minutes per session. As such, we are offering a “shared category” where multiple presenters may present during one 75 minute session.

Conference session (75 minutes) (Friday afternoon and Saturday)

Conference session (50 minutes) (Sunday morning)

Shared conference session (multiple presenters with common or uncommon topics but are designed for the same target audience)

Are there days/times you would be unable to present? No Yes If yes, please explain why.

Would you be willing to offer a repeat session if there was a cancellation, and you were not presenting at that same time? Yes No

Do you want your session to be considered for MCHES/CHES credits? Yes No

Are you interested in performing in the Kaleidoscope Dance performance? If “yes,” you will be contacted by SCDA. yes no”

SCAHPERD will provide LCDs in lecture rooms. You must bring your own computer and adaptor to connect to the LCD if needed.

If you are selected, the committee will send you a confirmation in late August.

Do you want a letter also sent to your supervisor? Yes _____ No _____

Presenters Supervisor’s Name/Title _____

Presenters Supervisor’s Position/Organization Employer _____

Presenter Supervisor’s email address _____

Co Presenters Supervisor’s Name/Title _____

Co Presenters Supervisor’s Position/Organization Employer _____

Co Presenter Supervisor’s email address _____

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Mail to: SCAHPERD, 1301 Columbia College Drive, Columbia, SC 29203

or Fax it to (803)786-3384