

PHYSICAL EDUCATORS
AND VOLLEYBALL COACHES

SAVE THESE DATES!! March 5th & 6th, 2009

**5TH ANNUAL SOUTHERN ILLINOIS
PHYSICAL EDUCATION and HEALTH CONFERENCE**

**DAVIES HALL
SOUTHERN ILLINOIS UNIVERSITY CARBONDALE**

THURSDAY, MARCH 5, 2009 PRE-CONFERENCE

**Volleyball Clinic 8:30 am - 3:30 pm
Volleyball Clinic Speakers**

Dr. J. Barry Shaw, Professor of Exercise Science, Schreiner University

Dr. J. Barry Shaw is a former NCAA Division II Women's Volleyball Coach of the Year, where he led the Schreiner University Mountaineers to two American Southwest Conference Championships in 1997 and 1999. Dr. Shaw is currently a Lead Instructor for USA Volleyball's High Performance Coaches' Clinic and a founding member of USA Volleyball's Coaching Accreditation Program (CAP). A native of St. Louis, MO, Dr. Shaw currently works as a Professor of Exercise Science at Schreiner University, with a focus in Sport Management.

Phil White, Volleyball Coach, Schreiner University

Phil White began his first season as Schreiner's head Volleyball coach in 2008. Before Schreiner, White coached at the University of Southern California in 2007. He was an assistant to both Bill Ferguson, head men's volleyball coach and Mick Haley, head women's volleyball coach at Southern Cal. White was an NCAA Division I player at Long Beach State, from which he graduated with a degree in communication studies. He has coached elite-level players at both the Southern California Volleyball Club and the Long Beach Volleyball Club, and also has been head coach for high school teams in California.

This clinic is sponsored by SIUC DEPARTMENT OF CONTINUING EDUCATION and credit will be available. Registration for coaches and adults is \$85.00. Registration for students and players is \$45.00. Only graduating high school Volleyball seniors and college players can attend.

For registration information contact Division of Continuing Education at Southern Illinois University Carbondale 618 536-7751 or website <dce.siu.edu> For other information call Mr. Tony Calabrese at 618 893-2211, SIUC Kinesiology Department at 618 536-2431, or IAHPERD at www.iahperd.org. Registration and fees for the pre-conference will be separate from Friday's Physical Education and Health Conference.

FRIDAY, MARCH 6, 2009’ 5TH ANNUAL SOUTHERN
ILLINOIS PHYSICAL EDUCATION and HEALTH
CONFERENCE

SPONSORED BY
IAHPERD and SIUC DEPARTMENT of KINESIOLOGY

DAVIES HALL
SOUTHERN ILLINOIS UNIVERSITY CARBONDALE

SOMETHING FOR EVERYONE!
ELEMENTARY, MIDDLE, AND HIGH SCHOOL SESSIONS!
SESSIONS AND SPEAKERS WILL FOLLOW ON-LINE

Tentative Sessions

Obesity, Autism, Developing a Budget on a Shoestring, Health, Jump Rope for Heart, Teambuilding, Yoga, Self Defense, Standards, Networking, Fitness and Technology Assessments, Adventure Education, Frisbee and Boomerangs, Cup Stacking Competition, Athletic Training, Environmental Education, Participating Climbing Wall, Orienteering, Circus Events in Physical Education, Bowling in Physical Education Class, Rollerblading, AED-Using Defibrillators , and much more!

Cost: Pre-registration IAHPERD Members *\$50.00
Non-members *\$100.00.00 (includes membership to IAHPERD)
SIUC Kinesiology Students Free (student membership available for \$20.00)

On-Site registration IAHPERD Members *\$60.00 Non-members *\$110.00
* A customized “Subway” lunch is included. Students may purchase lunches for \$5.00

Come for a full day of hands-on learning, fun, networking, and CPDU’s.
For additional information, check www.iahperd.org or Tony Calabrese at 618 893-2211

Name _____ Address _____ City _____
State _____ Zip _____
Home Phone _____ Cell _____
Home County _____ Work County _____
Email Address _____ School Name _____
IAHPERD # _____

Friday PRE-REGISTRATION IAHPERD Members: \$50.00* Non-Members: \$100.00*
SIU Kinesiology Students: Free (Student membership available for \$20.00)
Mail in deadline Feb.27. After Feb.27, register on site on Friday

ON-SITE REGISTRATION IAHPERD Members: \$60.00* Non-members \$110.00*
*A customized “Subway” lunch is included. Students may purchase lunches for \$5.00

Payment Method:
___ Check/Money Order (Payable to IAHPERD) ___ Please bill my credit card: (circle one)
Visa MasterCard American Express Discover Acct.#: _____
Expiration Date _____ CSC Code _____
Signature _____ Conference website: <http://www.iahperd.org>

Please detach and mail to: IAHPERD Conference Registration P.O. Box 1326 Jacksonville, IL 62651