

**SPEAKER / PRESENTER FORM FOR THE JOINT CONFERENCE OF
SOUTH DAKOTA COUNCIL OF TEACHERS OF MATHEMATICS
and the SOUTH DAKOTA SCIENCE TEACHERS ASSOCIATION
HURON, SOUTH DAKOTA FEBRUARY 6-8, 2003.**

OFFICE USE ONLY: Session No. _____ Day _____ Time _____ Location _____
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Submission of this form constitutes acceptance unless otherwise notified

(First Name) (Middle initial) (Last Name)

(First Name) (Middle initial) (Last Name)

(Name of School/Affiliation)

(Name of School/Affiliation)

Preferred Address: (circle one) work home

(Address)

(City) (State) (Zip Code)

(Work Phone) (Home Phone)

(Email)

<p>How should name(s) and affiliation(s) be listed on the conference program?</p> <p>_____ (Name)</p> <p>_____ (Affiliation)</p> <p>_____ (Name)</p> <p>_____ (Affiliation)</p>
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Title of presentation: _____

Brief description: _____

Circle appropriate levels: K 1 2 3 4 5 6 7 8 9 10 11 12 C

Length of presentation: _____ one hour _____ two hours _____ three hours

Day of presentation: _____ Friday _____ Saturday _____ either day _____ both days

One overhead projector and screen will be provided for each room

Additional A-V equipment needed (Speakers are expected to bring their own computer and software): _____

Please return this form by October 15, 2002 to:

Jean Gomer
Box 96
White, SD 57276

Ken Graupman
PO Box 111
Kadoka, SD 57543

Or email to gomerj@deubrook.com
Fax (605)-629-3701

Or email to kgraupmann@kadoka.k12.sd.us
Fax (605) 837-2176

**Speakers are requested to provide handouts for 30 on a first come, first served basis.
All South Dakota speakers must register for the conference.**

I agree to comply with the guidelines in the "Minimum Safety Guidelines for NSTA Presenters and Workshop Leader:" during my presentation. NSTA Minimum Safety Guidelines are located online at http://www.nsta.org/coru/safety.html	
Signature _____	Date _____

Last Modified 6/15/2002 CK
