

**SPEAKER / PRESENTER FORM FOR THE JOINT CONFERENCE OF
SOUTH DAKOTA COUNCIL OF TEACHERS OF MATHEMATICS
and SOUTH DAKOTA SCIENCE TEACHERS ASSOCIATION
HURON, SOUTH DAKOTA FEBRUARY 3-5, 2005.**

OFFICE USE ONLY:
Session No. _____
Day _____
Time _____
Location _____

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)

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, 2004 to:

Jean Gomer
Box 96
White, SD 57276

or email gomerj@deubrook.com
fax (605) 629-3701

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
5/27/04
CK

Contact SDCTM with any special needs requests as defined by ADA by emailing Jean Gomer at gomerj@deubrook.com before October 15, 2004,