

2007 SPEAKER / PRESENTER PROPOSAL FORM

Joint conference of South Dakota Council of Teachers of Mathematics (SDCTM) and South Dakota Science Teachers Association (SDSTA)

Huron, South Dakota February 1-3, 2007.

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: _____

How should name(s) and affiliation(s) be listed on the conference program?

(Name)

(Affiliation)

(Name)

(Affiliation)

Circle appropriate grade 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

Speakers are requested to provide handouts for 30 on a first come, first served basis.

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 13, 2006 to:

Jean Gomer
Box 96
White, SD 57276

or email jean.gomer@k12.sd.us

fax (605) 629-3701

All South Dakota speakers must also register for the conference: Use the form at www.sdctm.org

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

Signature _____ Date _____

Last Modified
06/01/06
CK

Contact SDCTM with any special needs requests as defined by ADA by emailing Jean Gomer at jean.gomer@k12.sd.us before October 13, 2006