

2009 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 5-7, 2009.

OFFICE USE ONLY:

Session No. _____

Day _____

Time _____

Location _____

Repeat Session _____

Submission of this form constitutes acceptance unless otherwise notified.

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

(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: _____

Description (max. 50 words): _____

Circle grade level: **K-2** **3-5** **6-8** **9-12+**

Length of presentation: _____ one hour _____ two 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.

Please return this form by **October 31, 2008** to:

Jean Gomer

Box 96

White, SD 57276

email jean.gomer@k12.sd.us

fax (605) 629-3701

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 _____

Modified
02/11/08
CK

Contact SDCTM with any special needs requests as defined by ADA by emailing Jean Gomer at jean.gomer@k12.sd.us before October 31, 2008

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Conference program information and booklets will be available for download from www.sdctm.org.