

# 2016 SPEAKER / PRESENTER PROPOSAL FORM

24th Annual Joint Conference of SDCTM and SDSTA

February 4-6, 2016

Crossroads Hotel/Huron Event Center

Huron, SD

1-800-876-5858

*Submission of this form constitutes acceptance unless otherwise notified.*

OFFICE USE ONLY:

Session No. \_\_\_\_\_

Day \_\_\_\_\_

Time \_\_\_\_\_

Location \_\_\_\_\_

Repeat Session \_\_\_\_\_

**All speakers must also register for the conference.**

Download registration form at [www.sdctm.org](http://www.sdctm.org) or [www.sdsta.org](http://www.sdsta.org)

\_\_\_\_\_  
(Name as you wish it to appear in program booklet)

\_\_\_\_\_  
(Name as you wish it to appear in program booklet)

\_\_\_\_\_  
(Name of School/Affiliation)

\_\_\_\_\_  
(Name of School/Affiliation)

Preferred Address: work home

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City) (State) (Zip)

\_\_\_\_\_  
(Work Phone) (Home Phone)

Email \_\_\_\_\_

Include email in program? Yes No

Website <http://> \_\_\_\_\_

Grade level (select only one)

K-5

6-8

9-12

Subject area (select only one)

Science

Math

Title of presentation: \_\_\_\_\_

Description as it will appear in the program (may be edited) max. 50 words:

Length of presentation: One hour Two hours

Date of presentation: Friday Saturday

Either day Both days

LCD projector? YES NO

***Only requested equipment will be provided.***

***Speakers are encouraged to bring their own equipment.***

***The conference cannot guarantee compatibility of  
electronic components.***

***Speakers are expected to bring their own  
computers and software.***

If you have a last minute change or cancellation (after midnight Feb. 3, 2016) please call Crossroads Convention Center 1-800-876-5858

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

Return this form by **OCTOBER 15, 2015** to:

Jean Gomer

Box 96

White, SD 57276

email: [speaker@SDSTA.org](mailto:speaker@SDSTA.org)

Modified  
10/07/2015  
CK

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 \_\_\_\_\_

Contact SDCTM with any special needs requests as defined by ADA by emailing Jean Gomer at [speaker@SDSTA.org](mailto:speaker@SDSTA.org) before October 15, 2015

**All speakers must also register for the conference:**  
**Download registration form at [www.sdsta.org](http://www.sdsta.org) or [www.sdctm.org](http://www.sdctm.org)**

Conference program information and booklets will be available for download from [www.sdsta.org](http://www.sdsta.org) and [www.sdctm.org](http://www.sdctm.org)

## 2016 SDCTM/SDSTA JOINT CONFERENCE

Conference information and program booklets will be available online at [www.sdctm.org](http://www.sdctm.org) and [www.sdsta.org](http://www.sdsta.org)

### ADVANCE REGISTRATION

Crossroads Events Center, Huron South Dakota

February 4-6, 2016

1-800-876-5858

*Please print clearly. Postmark by January 20, 2016. After this date, please register on-site.*

Name \_\_\_\_\_

Permanent Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

School/District \_\_\_\_\_ E-mail \_\_\_\_\_

Home phone \_\_\_\_\_ School Phone \_\_\_\_\_

*Please check the appropriate categories for membership, conference registration, and payment.*

### 1. SDCTM/SDSTA MEMBERSHIP(s) and DUES

*Please check the appropriate categories. You may join one, both, or neither organization.*

#### Begin/renew SDCTM (math) for one year

\_\_\_\_\_ Elementary \$5  
\_\_\_\_\_ Middle School \$20  
\_\_\_\_\_ High School \$20  
\_\_\_\_\_ Post-Secondary \$20  
\_\_\_\_\_ Student \$5  
\_\_\_\_\_ Retired \$5  
\_\_\_\_\_ Other \$20

#### Begin/renew SDSTA (science) for one year

\_\_\_\_\_ Elementary \$5  
\_\_\_\_\_ Middle School \$20  
\_\_\_\_\_ High School \$20  
\_\_\_\_\_ Post-Secondary \$20  
\_\_\_\_\_ Student \$5  
\_\_\_\_\_ Retired \$5  
\_\_\_\_\_ Other \$20

*Note: First year teachers are eligible for a scholarship providing a free registration. See [www.sdctm.org](http://www.sdctm.org) for details.*

### 2. CONFERENCE REGISTRATION

*Please check the appropriate categories. Noon luncheon is included for each day that you register.*

**NOTE: The Friday night banquet is NOT included. Banquet tickets may be purchased for \$25 each.**

I will attend the conference on (check one): \_\_\_\_\_ Friday \_\_\_\_\_ Saturday \_\_\_\_\_ Both days

#### SDCTM or SDSTA Member

\_\_\_\_\_ One day \$50  
\_\_\_\_\_ Two days \$75

#### Non-Member

\_\_\_\_\_ One day \$100  
\_\_\_\_\_ Two days \$125

#### Student Member

\_\_\_\_\_ One day \$15  
\_\_\_\_\_ Two days \$25

**College credit will be available; information/registration will be available at the conference registration table.**

### 3. PAYMENT: By Check Only

*Make checks payable to SDCTM.*

*SDCTM does NOT accept credit cards or purchase orders.*

Membership(s) total \$ \_\_\_\_\_  
Registration \$ \_\_\_\_\_  
Friday Night Banquet (\$25 each) \$ \_\_\_\_\_

**TOTAL ENCLOSED \$ \_\_\_\_\_**

*Requests for refunds must be received by January 20, 2016*

### 4. SEND THIS FORM WITH PAYMENT

**Steve Caron**

**907 South 16<sup>th</sup> Street  
Aberdeen, SD 57401**

**School phone (605) 725-8208  
Home phone (605) 226-2292**

Email: [steve.caron@k12.sd.us](mailto:steve.caron@k12.sd.us)

*Advance registration must be postmarked by January 20, 2016.  
After this date, please register on-site.*

Please check here if you have also submitted a speaker proposal form for the 2016 Conference. ☐