

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.sdsta.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
08/22/08
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.sdsta.org .