

2015 SPEAKER / PRESENTER PROPOSAL FORM

23rd Annual Joint Conference of SDCTM and SDSTA

February 5-7, 2015

Crossroads Hotel/Huron Event Center

Huron, SD

1-800-876-5858

OFFICE USE ONLY:

Session No. _____

Day _____

Time _____

Location _____

Repeat Session _____

Submission of this form constitutes acceptance unless otherwise notified.

All speakers must also register for the conference.

Download registration form at www.sdctm.org or 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 emailly gdukg in program? Yes No

Website http://

Grade level (select only one)
(select only one)

K-5
Science

6-8
Math

9-12

Title of presentation: _____

Description (may be edited) max. 50 words:

Length of presentation: One hour Two hours
Date of presentation: Friday Saturday
 Either day Both days
Request 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. 6, 2015) 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, 2014** to:

Jean Gomer

Box 96

White, SD 57276

email: jeanann@itctel.com

Modified
02/17/2014
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 jeanann@itctel.com before October 15, 2014

All speakers must also register for the conference:
Download registration form at www.sdsta.org or www.sdctm.org

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

2015 SDCTM/SDSTA JOINT CONFERENCE

Conference information and program booklets will be available online at www.sdctm.org and www.sdsta.org

ADVANCE REGISTRATION

Crossroads Events Center, Huron South Dakota
February 5-7, 2015 1-800-876-5858

Please print clearly. Postmark by January 20, 2015. 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

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

*Make checks payable to SDCTM.
Purchase orders will NOT be accepted.*

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

TOTAL ENCLOSED \$ _____

Requests for refunds must be received by January 20, 2015

4. SEND THIS FORM WITH PAYMENT

Steve Caron
907 South 16th Street School phone (605) 725-8208
Aberdeen, SD 57401 Home phone (605) 226-2292

Email: steve.caron@k12.sd.us

*Advance registration must be postmarked by January 20, 2015.
After this date, please register on-site.*

Please check here if you have also submitted a speaker proposal form for the 2015 Conference.