

SPEAKER PROPOSAL FORM
16th ANNUAL PANHANDLE AREA MATHEMATICS AND SCIENCE CONFERENCE
Teaching in a Changing World
SEPTEMBER 26, 2009

Please **PRINT** or **TYPE** all information and be sure to fill in this form **COMPLETELY**. This form will also serve as your conference registration form. Speakers **do not pay** a registration fee. Presenters need to prepare handouts for at least 30 participants per session.

1. TITLE OF PRESENTATION

HOW MANY TIMES WILL YOU PRESENT THIS SESSION? (circle one) **1** **2** **3** **4**

THIS PRESENTATION IS FOR: (circle ONE category)

MATHEMATICS ONLY

SCIENCE ONLY

BOTH: MATH & SCIENCE

2. DESCRIPTION OF PRESENTATION (limit to 30 words):

TEKS: _____ TEKS Website is <http://www.tea.state.tx.us/teks/>

3. CIRCLE ALL LEVEL(S) OF THE PRESENTATION: K 1 2 3 4 5 6 7 8 9 10 11 12 All Level

4. PRESENTATION NEEDS (check only those which are **NECESSARY** for the presentation):

*Note: 1st preference goes to speakers by date of proposal submission and availability

_____ overhead projector

_____ slide projector

_____ TV with VCR

_____ tables for participants

_____ lab with running water

_____ Computer Lab (__Mac or __PC)

5. SPEAKER (S) INFORMATION

SPEAKER #1 _____

HOME MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____

SCHOOL DISTRICT _____ CAMPUS _____
(Please spell out district name--no initials.)

SCHOOL PHONE () _____ HOME PHONE () _____ FAX() _____

E-MAIL ADDRESS _____

SUBJECT(S) TAUGHT _____ # OF STUDENTS _____

GRADE LEVEL _____ *ETHNICITY _____

The information marked with an asterisk () is voluntary. The information will not be used in a discriminatory manner.*

SPEAKER #2 _____

HOME MAILING ADDRESS _____ CITY _____

STATE _____ ZIP _____

SCHOOL DISTRICT _____ CAMPUS _____
(Please spell out district name--no initials.)

SCHOOL PHONE (____) _____ HOME PHONE (____) _____

FAX (____) _____ E-MAIL ADDRESS _____

SUBJECT(S) TAUGHT _____ # OF STUDENTS _____

GRADE LEVEL _____ *ETHNICITY _____

The information marked with an asterisk () is voluntary. The information will not be used in a discriminatory manner.*

Please complete and return this form by

August 10, 2009

to:

**Dr. Ashley Campbell
WTAMU
BOX 60208
CANYON, TX 79016
PHONE: (806) 651-2906**

FAX: (806) 651-3610 Email: acampbell@wtamu.edu

General Conference Information is available online at www.wtamu.edu/pmsc for all interested parties.