

No.	Presenter Name	Job Title	Organization
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1.

2.

3.

4.

Presenter Bio(s):

Presentation Title:

Presentation Description:

Presentation Objectives:

Presentation Methods:

Lecture Discussion Hands-on Active Other

Materials:

Will you have handouts or other materials for your participants to take home? Yes No

Target Audience:

Classroom Teacher Technical Specialist Administrator District Personnel
 All Other

What Level of Technical Expertise is Your Presentation Geared Toward:

Beginner Intermediate Advanced All

Target Discipline:

English/Language Arts Math Reading Special Needs
Social Studies/History Science Art Foreign Language
 Health/Physical Education All Other

Session Duration:

Standard 55 minute presentation Workshop (two 55 minute presentations back to back)

Session Size:

Are there a maximum number of participants you would like to limit your session to?
Yes No If yes, what is your preferred size?

Technology Needs:

SMART Board™ SMART Response™ SMART Airliner™ Document Camera
DVD Player Internet Access Other

Strand Choice:

Basic SMART Integrated Podcasting Tech Planning
Discipline Specific Special Ed/Title 1 Research Other

Session Presentation Location, Time & Date Preference:

<input type="checkbox"/> Columbus, Ohio	<input type="checkbox"/> Wednesday • January 13, 2010	<input type="checkbox"/> AM	<input type="checkbox"/> PM	<input type="checkbox"/> Flexible
<input type="checkbox"/> Columbus, Ohio	<input type="checkbox"/> Thursday • January 14, 2010	<input type="checkbox"/> AM	<input type="checkbox"/> PM	<input type="checkbox"/> Flexible
<input type="checkbox"/> Cincinnati, Ohio	<input type="checkbox"/> Wednesday • January 20, 2010	<input type="checkbox"/> AM	<input type="checkbox"/> PM	<input type="checkbox"/> Flexible
<input type="checkbox"/> Cincinnati, Ohio	<input type="checkbox"/> Thursday • January 21, 2010	<input type="checkbox"/> AM	<input type="checkbox"/> PM	<input type="checkbox"/> Flexible
<input type="checkbox"/> Cleveland, Ohio	<input type="checkbox"/> Wednesday • February 3, 2010	<input type="checkbox"/> AM	<input type="checkbox"/> PM	<input type="checkbox"/> Flexible
<input type="checkbox"/> Cleveland, Ohio	<input type="checkbox"/> Thursday • February 4, 2010	<input type="checkbox"/> AM	<input type="checkbox"/> PM	<input type="checkbox"/> Flexible
<input type="checkbox"/> Toledo, Ohio	<input type="checkbox"/> Wednesday • February 24, 2010	<input type="checkbox"/> AM	<input type="checkbox"/> PM	<input type="checkbox"/> Flexible
<input type="checkbox"/> Toledo, Ohio	<input type="checkbox"/> Thursday • February 25, 2010	<input type="checkbox"/> AM	<input type="checkbox"/> PM	<input type="checkbox"/> Flexible

Is there any time you cannot present?



Please provide your contact information

Salutation:
First Name: Last Name:
Title:
Organization:
Street Address: PO Box/Suite:
City: State: Zip:
County:
School District:
Office Phone: Cell Phone:
Email:
 This is my home address work address

Please provide additional presenter contact information

Salutation:
First Name: Last Name:
Title:
Organization:
Street Address: PO Box/Suite:
City: State: Zip:
County:
School District:
Office Phone: Cell Phone:
Email:
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City: State: Zip:
County:
School District:
Office Phone: Cell Phone:
Email:
 This is my home address work address