

FALL SCIENCE UPDATE PRESENTER PLANNING FORM

WEDNESDAY NOVEMBER 16, 2016

Name: Professional title:
Address: Organization:
Phone: Cell number:
Email: Fax:
Will you be attending lunch? Dietary comments:

Co-Presenter(s): Name: Professional title:
Address: Organization:
Phone: Cell number:
Email: Fax:
Will your co-presenter be attending lunch? Dietary comments:

Please circle or check your **preferred** presentation session times:

8:30 AM

9:45 AM

11:00 AM

12:45 PM

2:00 PM

List your **2nd and 3rd choices** for presenting your session:

Title of presentation: (One line):

Presentation grade Level (s):

Session Size (Maximum # of participants):

Session description (Maximum 30 words):

Technology needs (Each room **comes with a computer, projector and screen.** **Please circle/check any additional needs.**)

Overhead projector

Document Camera

Presenter Table

Whiteboard

Other requests:

Please return this form by September 14, 2016 to:

Regional Math and Science Center
C-1-120 Mackinac Hall
1 Campus Drive
Allendale, MI 49401
Fax: (616) 331-3412

Questions or additional needs: Kathy Agee (616) 331-3031 ageek@gvsu.edu