



PRESENTER PROPOSAL FORM

Michigan Joint Education Conference
 Wednesday, June 24, 2009
 Holt High School, Holt, Michigan

Proposals need to be received by **April 1, 2009**. Please print clearly or type, using one form per proposed session. One complimentary registration will be given to the lead presenter who is a current member of one of

the stakeholder associations: (MACUL, MAMSE, MCSS, MCTM or MSTA), and or one of the partnering associations. Additional presenters will be given a discount rate of \$20 each.

LEAD PRESENTER INFORMATION:

- I am a member of: *(check all that apply)*
- MACUL MAMSE MCSS
- MCTM MSTA
- Joint Member (MCSS, MCTM, MSTA)
- Partner Organization: _____

I am not a member, but am interested in membership with *(please choose from the above options)*

Exhibitor/Commercial (promotes a particular product in which the presenter has a financial interest). Must also be registered as an exhibitor for the conference.

Name: _____

Preferred Address: Home School/Organization

Address: _____

City, State Zip: _____

School/Organization: _____

Work Phone: _____

Home Phone: _____

Fax: _____

E-mail: _____

**All communication will be sent via e-mail to the e-mail address above.

Additional presenters are listed on an attached sheet of paper. Please provide all the above contact information for additional presenters.

PRESENTATION INFORMATION:

All presentations are to integrate at least two (2) content areas. Sessions are 60 minutes in length with a 15 minute break between each session.

Title of Presentation:

Abstract: Please describe the content of your presentation in 100 words or less. Be sure to write in complete sentences as this abstract may be used in a conference program *(attach additional sheets if necessary)*.

Please identify the grade level, content areas and purpose for your proposed presentation *(check all that apply)*:

Grade Level	Content Area <i>(must choose at least 2)</i>	Purpose
<input type="checkbox"/> Early Elementary	<input type="checkbox"/> Math	<input type="checkbox"/> Instruction
<input type="checkbox"/> Upper Elementary	<input type="checkbox"/> Science	<input type="checkbox"/> Assessment
<input type="checkbox"/> Middle School	<input type="checkbox"/> Social Studies	<input type="checkbox"/> Inquiry
<input type="checkbox"/> High School	<input type="checkbox"/> Other _____	<input type="checkbox"/> Technology integration

EQUIPMENT OR SERVICE NEEDS:

Note that each room will be equipped with a computer (with Internet access, CD/DVD, Microsoft Office), document project camera (ELMO), and data image projector (DIP). Wireless Internet is not available in the classrooms.

Other items available:

- VCR
- Overhead
- Smart Board
- Navigator System
- Calculators for participants (specify type _____)
- Computer Lab
- CBR/CBL calculators, etc. (We will make arrangements for these items; other equipment needs are the responsibility of the presenter)

SUBMIT BY MAIL OR FAX BY APRIL 1, 2009:

Michigan Joint Education Conference
 3300 Washtenaw Ave., Suite 220 Ann Arbor, MI 48104
 Phone: 734-677-2270 Fax: 734-677-3287