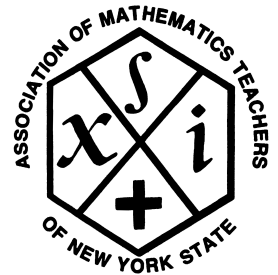
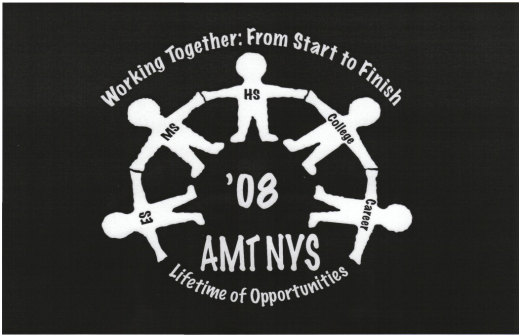


58th Annual AMTNYS Conference

Rye, NY

November 6-8, 2008



Speaker Proposal Form

| | | | |
|---------------------|-------|-----|--|
| Name | | | |
| Affiliation | | | |
| Address | | | |
| City | State | Zip | |
| Home Phone | | | |
| Work Phone | | | |
| Email | | | |
| Summer Contact Info | | | |

Additional Speaker*

* If your presentation will have an additional speaker, list the information here (as it should appear in the program). Please note that future communication will be with the primary presenter. **Registration fees will be waived only for the primary speaker.**

AMTNYS Member?

| | | | |
|-----|--|----|--|
| Yes | | No | |
|-----|--|----|--|

Type of Presentation

| | | | |
|---------------------|--|-----------------------------|--|
| Session (60 min) | | Hands-on Workshop† (75 min) | |
| Mini-Course (2 hrs) | | Computer Lab (75 min) | |

† In a hands-on workshop, participants must be manipulating materials, building, experimenting, or simulating, etc. A hands-on session is NOT one that involves the presenter describing hands-on activities and providing copies of those activities without the active participation of those attending the workshop.

Number of participants you wish to accommodate

| | | | | | | | |
|-------------------|--|-------|--|-------|--|-----|--|
| 20 (Computer Lab) | | 25-30 | | 31-50 | | 50+ | |
|-------------------|--|-------|--|-------|--|-----|--|

Level

| | | | | | | | |
|----------------|--|--------------------|--|---------------------|--|-------------|--|
| Primary (K-2) | | Intermediate (3-5) | | Middle School (6-8) | | High School | |
| Post Secondary | | Supervision | | General | | Research | |

Title

Description for conference program (25 word *maximum*) – this is a very important limit

| |
|--|
| |
| |
| |
| |
| |

An overhead projector and screen will be provided in each of the meeting rooms. Please be aware that AMTNYS does **not** supply LCD computer projection devices or **ANY** equipment other than an overhead projector and/or screen.

Software Title(s) needed for Computer Lab

| |
|--|
| |
| |

In order to avoid conflicts with any other events during the conference, please indicate whether you (and/or any of your additional presenters) are members of the following groups:

| | | | | | | | |
|--------------|--|--------------|--|-----------------------|--|--------------------------------|--|
| Exec. Board | | Assembly | | NYSAMS | | Math Mentors | |
| County Chair | | District Rep | | NYSAMS Exec. Board | | Conference Chair '08 or '09 | |

If there are any other conflicts which you anticipate, please list them here:

An electronic version of this form is available at www.amtnys.org

Please return or e-mail this form by March 21, 2008 to:

Elizabeth Waite
12 Spring Hollow Drive
Conklin, NY 13748
amtnys08@yahoo.com