

Speaker Proposal Form Tennessee Mathematics Teachers' Association Conference

Location ETSU September 23-24, 2011

Sponsored by: Upper East Tennessee Council of Teachers of Mathematics

Speaker Contact Information: Name, e-mail* and affiliation as it will appear in the program.								
Speaker Name								
Affiliate Group in Tennessee								
Home Address								
City, State, Zip								
E-mail address								
Home phone								
School name								
School phone								
School street address								
School City, State, Zip								
Publish e-mail address in program (X)	yes					no		
Second Speaker Contact information: Name, e-mail* and affiliation as it will appear in the program.								
Speaker Name								
Affiliate Group in Tennessee								
Home Address								
City, State, Zip								
E-mail address								
Home phone								
School name								
School phone								
School mailing street address								
School City, State, Zip								
Publish e-mail address in program (X)	yes					no		
Speaking Preference Select one (X) on each row								
Day?	Friday	Saturday			no preference			
Computer lab?	yes	no						
Session length?	one 50-minute session			two 50-minute sessions (back-to-back)				
Need SmartBoard?	yes			no				
Need Internet?	yes			no				
Need TI calculators?	yes (what model?)			no				
Title: Please represent math or educational content in ≤ 8 words								
Describe presentation with ≤ 25 words								
Audience(s)? (X)	K-2	3-5	Middle	High	College	General	Pre-service	
Your presentation is best associated with which of these strand(s)? (X)	Number and Operation		Algebra		Geometry/ Measurement		Data Analysis, Statistics, Probability	
	Mathematical Processes		General activities		Teacher of Teachers		Other: Please specify	
Note: Presenters are responsible for their own lap tops and projection devices unless they are using a computer lab.								
Professional Recognition: TMTA would like to recognize your contribution to the success of our conference. Please include the name and address of your principal/supervisor below. Name: Title: Address (Street, City, State, Zip)								
Please type in the boxes and submit as an e-mail attachment no later than May 19 to: Dr. Ryan A. Nivens, East Tennessee State University, Curriculum & Instruction, PO Box 70684, Johnson City, TN 37614 Email: TMTA2011@gmail.com Phone: (423) 439-7529								