

**2017 CAMT Conference**

July10-12, 2017

Fort Worth Convention Center and Omni Hotel, Fort Worth Texas

**TODOS Strand Speaker Proposal Form**

**Please complete this form and return by August 26, 2016 to** [**csae@cox.net**](mailto:csae@cox.net)

|  |  |
| --- | --- |
| First name |  |
| Last name |  |
| Home address |  |
| Home city |  |
| Home state code |  |
| Home zip |  |
| Home country |  |
| Cell phone number |  |
| School district/affiliation |  |
| Email address |  |
| Title of presentation (60 characters max) |  |
| Grade band of presentation (select one): K-5, PreK-2, 3-5, 6-8, 6-12, 9-12, College |  |
| May your contact info be included in the CAMT mailing list? |  |
| Only a limited number of rooms will have internet access. If your session requires internet access describe why this access is critical to the success of your proposal. Acceptance of proposals that require internet access is determined by the CAMT program committee. |  |
| Will you be demonstrating a commercial product in your session? |  |
| Session description for program book (460 characters max including spaces) |  |
| Co-presenter1, if any |  |
| Co-presenter1 affiliation, email address, address, city, state, zip |  |
| Co-presenter2, if any |  |
| Co-presenter2 affiliation, email address, address, city, state, zip |  |
| 3 key words that could be used to describe your session in the online searchable database |  |
| Special requests re: day/time or time conflicts with another speaker. Scheduling is done by the CAMT Program Committee |  |
| Are you willing to repeat your session? |  |
| If you would like to propose a second session that is different from this proposal, please complete a separate form. |  |