

MAME 35 Fall Conference Call for Programs

November 5-7, 2008

Dearborn Hyatt



The Program Committee is looking for people to make presentations at MAME 35. If you have a good program to share, complete the form below. If your program involves more than one presenter, include information for each. Please type or print clearly and return by May 2, 2008 to:

Melissa White
MAME Program Committee
857 Lamb Rd.
Mason, MI 48854

(517) 676-1621 (H)
(517) 244-1471 (W)
(517) 676-9726 (F)

Primary Presenter (Individual completing this application):

Name _____
Last Name _____ First Name _____

School District/Organization _____

Preferred Mailing Address (Confirmations will go to this address):

Address – Number and Street _____

Address – City _____ State _____ Zip _____

Daytime Phone _____

E-Mail Address _____

Website URL _____

If it is imperative that you present on a given day, which day? Thursday Friday

Presentation title (as it will appear in the conference program):

Presentation description (please limit to 30 words):

Note: If more than 1 hour is required; please contact Melissa White, Program Chair.

Interest level: Elementary Middle School Grades K-8

Grades 6-12 High School All Other

Please circle the ONE strand that best describes your topic. The Selection Committee reserves the right to assign different strands if deemed necessary.

Just the Facts- Using Data

Authors

Book Talks

Data & Assessment

Information Literacy/
Technology Integration

The Profession

The Exhibitor's
Showcase

Presenter #2:

Name _____
Last Name _____ First Name _____

School District/Organization _____

Preferred Mailing Address:

Address – Number and Street _____

Address – City _____ State _____ Zip _____

Daytime Phone _____

E-Mail Address _____

****Presenters agree not to sell/promote for purchase any product unless**
they are a conference exhibitor.**

Additional Presenters (Attach additional sheet if needed):

Presenter #3

Name _____
Last Name _____ First Name _____
School District/Organization _____
Preferred Mailing Address: _____
Address – Number and Street _____
Address – City _____ State _____ Zip _____
Daytime Phone _____
E-Mail Address _____

Presenter #4

Name _____
Last Name _____ First Name _____
School District/Organization _____
Preferred Mailing Address: _____
Address – Number and Street _____
Address – City _____ State _____ Zip _____
Daytime Phone _____
E-Mail Address _____

EQUIPMENT

Note: **ONLY Carts, tables and screens will be provided in each room.** You must bring your own equipment for your presentation. There will be volunteers available to help you set up your equipment.

____ Please check if you need an Internet connection.

Just a reminder –

Presenters need to register for the conference and, if attending the conference as well, need to pay the conference fees. No stipend is given to presenters.

The fee is waived to non-members (those who would not normally be a MAME member) who are presenting.

By June 18th, presenters will be notified if your presentation has been accepted

Thank you for your interest in MAME. Kathleen McBroom, MAME 35 Conference Chairperson, is looking forward to your participation at MAME 35.