



NATS PROGRAM PROPOSAL

2011 Fall Conference
September 29-October 1, 2011

FOR OFFICE USE ONLY
Session Type
Day
Time Length
Room

NOTE: All Presenters are asked to register for the Conference unless the session they are presenting is the only session they will be attending.

CAMP CALVIN CREST DOES NOT HAVE INTERNET ACCESS. PLEASE PLAN ACCORDINGLY FOR YOUR PRESENTATION

Please Type or Print (legibly in black) Information as You Wish It to Appear in Convention Program

Principal Presenter

Second Presenter

Name
Dept.
School/Business
Preferred Mail Address
City
State Zip(+4)
Phone: Work Home:
Fax
Email

NOTE: For any additional presenters, please include the information requested above on an additional page.

Session Data

Session Title
Brief Description (50 words or less)

State Standard(s) Address in Presentation Please list Standards in the following form: 4.7.4 or 8.2.1 or 12.3.2. It is recommended that in your presentation you include assessment ideas for the standards you address. This is absolutely necessary!

NATS Bookstore Item The NATS bookstore can arrange to sell publications from the NSTA catalog. If appropriate, provide the Title and Author of an NSTA catalog item that closely links to your presentation. Presenters may also sell publications during their presentation time.

I have a publication suggestion for the NATS bookstore that is linked to my presentation.
Title: Author(s):

Description of Session Types (Check One that describes your presentation):

- Demonstration: Presenter demonstrates a series of experiments, scientific phenomenon or an apparatus used in science. Limited audience participation. Theater-style setup.
Hands-On Workshop: Presenter involves audience with materials. Classroom-style setup.
Make It Take It: Hands on activities where participants leave with product to take back to classroom. Classroom-style setup.
Field Trip: Can be at Camp Calvin Crest or transported to another site. (Minimum of 2 hours). Include transportation plans.
Contributed Paper: Presenter shares results of research or shares a creative teaching strategy. Theater-style setup.
Short Course: A 2-3 hour session/workshop that may include in depth information on a topic or hands-on experience that requires more than a single session.

Length of Session:

- Three Hour Thursday Afternoon Workshop (1:30 – 4:30)
- One Hour - (the standard length presentation)
- Two Hour –

Please Mark your choice:

- [] Friday Only
- [] Saturday Only
- [] Friday or Saturday

Science Area: (Check only one for listing in final Program.)

- | | | | |
|---|---|-------------------------------------|---|
| <input type="checkbox"/> Biology/Life Science | <input type="checkbox"/> Physics/Physical Science | <input type="checkbox"/> Integrated | <input type="checkbox"/> Elementary |
| <input type="checkbox"/> Chemistry | <input type="checkbox"/> Environmental Science | <input type="checkbox"/> Inquiry | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Earth/Space Science | <input type="checkbox"/> General | <input type="checkbox"/> Assessment | <input type="checkbox"/> Science/Technology/Society |

Intended Audience:

- K-3
- 4-6
- Middle/Junior High
- Senior High
- Post Secondary
- All

Maximum number of participants for your session? (Room assignments based on space availability)

- 15 or fewer
- 16 - 30
- 31 - 50
- No Preference

AV Equipment: (NOTE: Equipment not listed below is to be provided/arranged by the presenter.)

- Screen

Fees may be charged for the cost of materials only. Presenter(s) are responsible for collecting fees for the session.

- The fee for this session is \$ _____.
- There is no session fee.

Repeat Session:

Would you be willing to present your session twice? YES NO

Safety Issues

As a NATS presenter, you must comply with the "Minimum Safety Guidelines to NATS Presenters and Workshop Leaders" and you must agree to comply with the guidelines during your presentation. This compliance form will be sent when we send you the program confirmation letter.

Special Room Arrangements: Normal arrangements will include tables and/or chairs unless otherwise requested. Special set ups dependent on availability of resources. List any special needs you will have:

Only the *principal presenter* will be contacted concerning confirmations. All correspondence will be sent to the email address of the principal presenter. The principal presenter must share information with his/her co-presenter(s).

If you or any member of your team would like an administrator, division chief, etc. notified of your participation post-conference, please indicate below. Use additional sheets if necessary. Be certain to designate which presenter's administrator, etc. matches with which presenter if there is more than one presenter in your group.

Name _____

Name _____

School _____

School _____

Position _____

Position _____

Address _____

Address _____

City _____

City _____

State, Zip (+4) _____

State, Zip (+4) _____

**Return one copy of this proposal by August 1, 2011:
(later proposals will be accepted only as space allows)**

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