

Presenter Application

November 1st and 2nd at the Adams 12 5-Star Conference Center

1. Contact presenter

Name: _____ Title: _____

School/District/Organization: _____

Work Address: _____ City: _____

State: _____ Zip: _____ E-mail: _____

Work Phone: _____ Fax: (_____) _____

Email address: _____

Home Mailing Address: _____ City: _____

State: _____ Zip: _____

2. Other presenters (if applicable)

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

3. Day(s) you or your group are available to present:

___ Monday, November 1 ___ Tuesday, November 2

4. What percentage of your presentation is interactive? _____

5. At what other conferences have you presented? (not required)

6. Presentation title and description (100 words or fewer) to be printed in the conference program

Please attach a resume or vita for the contact presenter with this application.

Audio Visual Requirements Form

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Contact Presenter: _____

Phone: _____ E-mail: _____

Each breakout session for local presenters will be one hour and fifteen minutes in length.

- A screen and LCD projector will be provided in each room
- Presenters will supply their own computer
- Presenters will bring their own handouts (plan on 40 participants in each breakout session unless informed otherwise)

AV Requirements: (Check all AV needs that apply)

___ VCR/TV

___ DVD/TV

___ Flip chart/pad/markers

___ No additional AV equipment required

___ Other - Please specify: _____

Mail applications to Focal Point, P.O. Box 19832, Boulder, CO 80308. You may also email completed applications to FocalPoint.Ed@comcast.net. Contact Dr. Andie Kutinsky (719 492-7967) with questions.