

The Delta Kappa Gamma Society International
Omicron State
Workshop Presenter Form

Name: _____

Chapter: _____ State _____

Address: _____

Phone: (Home) _____ (Work) _____ (Cell) _____

E-mail: _____

A. Title of Presentation: _____

B. Description of Presentation: _____

C. Educational Background: List areas taught, positions held, years of teaching experience. Other presentations you have given. (Write more on back if necessary)

D. Equipment one needs to present workshop: (It is helpful if you can bring your own equipment this will save the state a costly charge by the hotel. We will do our best to find the equipment if you can't supply your own.) Check all that apply.

LCD Projector ___ Overhead Projector ___ Screen ___ Laptop Computer ___

E. Number participants expected _____ up to 40

F. Audience: Primary ___ Elementary ___ Jr. High ___ High School ___ College ___ Other ___

Please return this form to the current State President as soon as possible.

Judy Strohmeyer 14020 N. Lobelia Way Oro Valley, AZ 85755-7142

Filling out this form does not guarantee that you will be chosen to present this year **but** this form will be retained by the incoming president for future use. Thank you. ~~This form will be retained by the incoming president for future use. Thank you.~~