

ASSOCIATION OF TEACHERS OF MATHEMATICS OF NEW YORK CITY

In conjunction with The Hunter College Mathematics Center for Learning and Teaching

**SPEAKER PROPOSAL FORM
ANNUAL FALL CONFERENCE
SATURDAY, NOVEMBER 20, 2010
at
HUNTER COLLEGE
LEXINGTON AVENUE at 68th STREET
NEW YORK, NY**

SPEAKER

NAME: _____

HOME ADDRESS: _____

HOME TELEPHONE: () _____

HOME FAX: () _____

e-MAIL ADDRESS: _____

SCHOOL or AFFILIATION: _____

SCHOOL or AFFILIATION ADDRESS: _____

SCHOOL or AFFILIATION TELEPHONE: () _____

SCHOOL or AFFILIATION FAX: () _____

TITLE: _____

Circle grade(s) that
presentation will cover:

K 1 2 3 4 5 6 7 8 9 10 11 12
College-level

SPEAKER'S LEVEL OF RESPONSIBILITY:

- | | | |
|---|---|--------------------------------------|
| <input type="checkbox"/> Classroom teacher | <input type="checkbox"/> Administrator | <input type="checkbox"/> Supervisor |
| <input type="checkbox"/> Univ/College Professor | <input type="checkbox"/> Publisher Representative | <input type="checkbox"/> Other _____ |

Title of Presentation:

NOTE: Presentations should be approximately one hour (60) minutes.
Please provide a short abstract of the presentation for the conference program.

Completed Speaker Forms and questions should be directed to our conference co-coordinator:

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Speakers will be notified of the acceptance of their presentations.

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