



Keynote Address and Professional Development Request Form

1. PRIMARY CONTACT PERSON AND PRESENTATION LOCATION

Name: _____

District/Organization: _____

Office Phone: _____

Cell Phone: _____

Email Address: _____

Site of Presentation: _____

Name of building: _____

Address _____

City/State _____

Contact Person at Training Site: _____

Conference theme: _____

2. TIME

Keynote/workshop date: _____

Keynote/workshop length: _____

Time keynote/workshop begins: _____

Time keynote/workshop ends: _____

Approximate expected length of presentation: _____

Has the audience had previous training on this topic? Yes No

EXPECTED AUDIENCE

How many participants: _____

What is their familiarity with inquiry-based science and learning theories?

Audience composition (educators, administrators, specialists, parents, etc.):

CONTENT EXPECTATIONS OF WORKSHOP/PRESENTATION

Please state the overall goals of this keynote/workshop:

Describe any specific topics that you would like addressed:

FACILITIES – ROOM SET UP

What time will the building be open/available for set up? _____

- Tables or Desks?
- Will there be a Power Source? Yes
- An LCD projector? Yes
- Podium: Yes
- Large Screen Yes
- Display table Yes
- Needs of the presenter:*
 - A. A large screen
 - B. An LCD projector with a long extension to connect to my laptop
 - C. A table
 - D. A lavalier microphone (preferred) or a podium with a mounted microphone
 - E. A podium (stand alone or table top)
 - F. Two bottles of water

ON-SITE CONTACT INFORMATION

Name of contact person on site on the day of keynote/workshop:

Cell phone # of contact person:

HOTEL SUGGESTIONS

Please provide a few hotel recommendations near the training site:

- 1. _____
- 2. _____
- 3. _____

AIRPORT INFORMATION

Please provide the name of the most appropriate airport to fly into for this event:

Is there any **additional information** about your district or organization that you would like to share prior to the keynote/workshop?
