

Speaker Application  
**R U Rdy 4 da Dgtl Mth Wrld?**  
**PCTM 59<sup>th</sup> Annual Conference, Harrisburg, PA**  
**Nov. 10-12, 2010**

**Title of Presentation** as it is to appear in the program (please limit this to eight words):

\_\_\_\_\_

**Description of Presentation** (30 words maximum):

\_\_\_\_\_

\_\_\_\_\_

**Format of Presentation** (check one):  Session (60 minutes)       Workshop (90 minutes)

**Room Set-Up:**  Just chairs       Tables with chairs       No preference

**Level** (check one or two):  K-2       3-5       6-8       9-12  
 College       Teacher Ed       General Interest

**Audio-Visual Needs:** Screen:  Yes      Overhead:  Yes      LCD Projector:  Yes (PC)  
 No       No       No

(This questionnaire is not a guarantee that equipment will be provided.)

**Presentation Date Preference?**  Thurs., Nov. 11       Fri., Nov. 12       No preference

**Name of Lead Speaker:** \_\_\_\_\_ **Affiliation:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Phone:** \_\_\_\_\_ **E-Mail** \_\_\_\_\_

**OK to print your email address in conference program?**  Yes       No

**Name/Affiliation of Co-Presenter(s)?** \_\_\_\_\_

\_\_\_\_\_

Please return this form as an email attachment by 11:59 P.M., **May 1, 2010** to:  
[dikenn@ship.edu](mailto:dikenn@ship.edu)

If unable to email, printed copies may be mailed to:      Dave Kennedy, Program Chair  
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