



**TARGET AUDIENCE**

- Administrators
- All participants

- Teachers without Experience
- Teachers with Experience

<b>Presentation Category</b>	<b>1 Hour</b>	<b>2 Hour</b>
Paper		
Panel		
Workshop		
Publisher's Workshop		
Technology Fair Lab:		
Technology Fair Presentation		

**Check one Special Focus Group.**

	<b>Elementary</b>	<b>Secondary</b>	<b>Adult ESL LINC</b>	<b>Coll./Univ</b>
Assessment / Evaluation				
Community / Equity Issues				
Certification				
Electronic Classroom / Technology				
Methodology/Strategies/Curriculum				
Program Administration				
Other: (Please specify)				

**Planning requirements for your session**

You are encouraged to repeat your presentation in order to reach a broader audience.				Yes	No	
Would you be willing to repeat your session?				<input type="checkbox"/>	<input type="checkbox"/>	
When would you like to present your session?	Thurs a.m. <input type="checkbox"/>	Thurs p.m. <input type="checkbox"/>	Fri a.m. <input type="checkbox"/>	Fri p.m. <input type="checkbox"/>	Sat a.m. <input type="checkbox"/>	Sat p.m. <input type="checkbox"/>
When are you unable to present your session?	Thurs a.m. <input type="checkbox"/>	Thurs p.m. <input type="checkbox"/>	Fri a.m. <input type="checkbox"/>	Fri p.m. <input type="checkbox"/>	Sat a.m. <input type="checkbox"/>	Sat p.m. <input type="checkbox"/>

**Audio-Visual Equipment and Room Set-up Requirements:**

<b>ITEM</b>	<b>CHECK IF REQUIRED</b>
Overhead projector and screen/Flip Chart and marker	In all rooms
VHS VCR and Screen	<input type="checkbox"/>
DVD Player	<input type="checkbox"/>
CD Player	<input type="checkbox"/>
Internet Access	<input type="checkbox"/>
Laptop Computer* (if yes, complete below)	<input type="checkbox"/>
Data Projector	<input type="checkbox"/>
Other: please specify any additional equipment. We will make the arrangements for you.	<input type="checkbox"/>
Please indicate what equipment, if any, you will be bringing with you.	
* Please indicate software/version/other program plug-ins, etc.	

**Room Setup:**

- Theatre Style**
- Round Tables** . Because of room size limitations, you must allow for a minimum of 8 persons at each table.
- Technology** presentations will all have **Classroom** Setup

**INFORMATION ABOUT PRESENTERS**

**Contact Information**

<b>Name of Contact</b>		<b>Work Telephone</b>	
<b>Mailing Address</b>		<b>Home Telephone</b>	
<b>City</b>		<b>E-mail Address:</b>	
<b>Province</b>			
<b>Postal Code</b>			

Summer address (if different from above) \_\_\_\_\_

**Presenter’s or Panel Guest’s Names :** Please list all names as you wish them to appear in the program.

<b>Last name, First Name</b>	<b>Preferred Affiliation / Employer</b>

**Biography:** (to appear in program – maximum 25 words)

Does your presentation, in any way, promote the sale of a particular material, product or publication?

Yes  No

*Please note that your session may be filmed or taped for the purpose of web or video/pod casting made available through the TESL Ontario website and that photographs may be taken and used for promotional purposes by TESL Ontario.*

**OFFICE USE ONLY**

Date received: _____	Preferred Presentation Day: _____
Focus Group: _____	Repeat: Yes/No _____
Classification: _____	Estimate of attendance: _____
Edited by: _____	Candidate for Web casting (Yes/No): _____
Accepted: <input type="checkbox"/> Yes <input type="checkbox"/> No	