



## 2010 SPEAKER PROPOSAL

### “The Art of Mathematics ... for Student Success”

Michigan Council of Teachers of Mathematics • 61<sup>st</sup> Annual Conference •  
Dakota High School, Macomb, MI •  
Institute: August 3-4 • Conference August 4-5, 2010

### Proposals need to be received by February 28, 2010

Please print clearly or type. All proposals will be considered by the Program committee. Main presenters will receive complimentary registration to the annual conference. ALL presenters must be current members of MCTM. See below for co-presenter information. No commercial sessions will be accepted, unless the company is exhibiting at the conference.

### Presenter Information

Speaker Name(s) \_\_\_\_\_ Preferred Mailing Address: \_\_\_\_\_  
School/Agency/Organization: \_\_\_\_\_ Work Telephone: \_\_\_\_\_  
Home Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Home E-mail: \_\_\_\_\_ Work E-mail: \_\_\_\_\_

I understand that ALL speaker information will be sent to the above e-mail address

### Type of Presentation

Check appropriate grade level(s):  Pre K-Early Elementary  Late Elementary  Middle School  High School  College

Check appropriate type of presentation:  General Interest  Research  Pre-Service Teacher Preparation

#### Check one:

- Regular (60 minutes)** – Presenter engages participants in thinking about important mathematical ideas via discussion/presentation of classroom issues, or discussion/presentation on research related to classrooms, or hands-on activities that involve participants.
- Workshop (90 minutes)** – Presenter provides hands-on experiences
- Extended workshop (120 minutes)** – Presenter(s) provide an in-depth examination of a topic that actively engages participants.

### Presentation Title & Abstract

Title of Presentation: \_\_\_\_\_

**Abstract:** Please describe the content of the program in approximately 45- 60 words. The abstract may be edited for the program. (If you are preparing an abstract on a separate sheet, please include your name and the title of the presentation). Please indicate if your presentation focuses on a particular curriculum program or product.

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Would you be willing to repeat your session?  Yes  No

Would you willing to monitor SB-CEU's for you session?  Yes  No  need more information

Please note: I am will to present twice:

I have no time restrictions  I cannot present:  Wed AM  Wed PM  Thurs AM  Thurs PM

*If at all possible, please keep restriction s to a minimum to ensure we have flexibility in our scheduling.*

### Co-Presenter Information

All co-presenters must register for the annual conference at regular conference rates.

Name: \_\_\_\_\_ Phone (H): \_\_\_\_\_ Phone (W): \_\_\_\_\_

Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

### Equipment or Services Needs:

Note that each room will be equipped with a computer (with wireless internet access).

Other items available:  ELMO (Document Project Camera)  DIP (Data Image Projector)  VCR  Overhead  Smart Board

Navigator System  Calculator for participants (specify type \_\_\_\_\_)  CBR's, CBL's, etc.

(MCTM will make arrangements for these items; other equipment needs are the responsibility of the presenter.)

**Submit by Mail, FAX, or Email by Feb 28, 2010**

**MCTM, 4767 Stadler Road, Monroe, MI 48162-9424**

**MCTM FAX: 734 241-4128**

**MCTMConf@gmail.com**