

**PRESENTER APPLICATION FORM**  
VMATYC 2010

**I. PRESENTER INFORMATION**

**Presenter Name:**      ☐ **Dr.**    ☐ **Mr.**    ☐ **Ms.**

\_\_\_\_\_

**Address:**

\_\_\_\_\_

\_\_\_\_\_

**Telephone:** \_\_\_\_\_

**email:** \_\_\_\_\_

**II. FORMAT:** (select only one)

☐ Presentation (*1 hour*)

☐ Discussion (*1 hour*)

☐ Workshop (*2 hours*)

☐ Other (please specify format and time needed):

\_\_\_\_\_

**III. PREFERRED DAY:** (select only one box below)

☐ Friday (2 PM – 5 PM)

☐ Saturday (10 AM – 1 PM)

☐ Any time

Check one: I \_\_\_\_\_ am or \_\_\_\_\_ am not willing to offer this session at two different times.

Continued on next page

**PRESENTER APPLICATION FORM**  
(continued)

**IV. PRESENTATION, DISCUSSION, OR WORKSHOP TITLE:**

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**V. ABSTRACT:** (as it would appear in the program in 50 words or less)

**VI. SUBJECT AREA:** (select only one)

- |   |                                      |   |
|---|--------------------------------------|---|
| <input type="checkbox"/> Pedagogy             | <input type="checkbox"/> Curriculum  | <input type="checkbox"/> Technology       |
| <input type="checkbox"/> Placement/Assessment | <input type="checkbox"/> Innovations | <input type="checkbox"/> General Interest |
| <input type="checkbox"/> Computer Science     | <input type="checkbox"/> Other_____  |   |

**VII. ROOM NEEDED:** (select only one)

- |                                    |                                       |
|------------------------------------|---------------------------------------|
| <input type="checkbox"/> Classroom | <input type="checkbox"/> Computer lab |
|------------------------------------|---------------------------------------|

**Mail both pages of this form by March 1, 2010 to:**

**John Gallo  
Tidewater Community College  
1700 College Crescent  
Virginia Beach, VA 23453-1918**