

Growing with Science Science Educators Conference

Sponsored by Gold Coast Science Network

Cosponsored by California Science Teachers Association, and Oxnard College

April 24, 2008, 8:00-4:30

Oxnard College
4000 S. Rose Ave.
Oxnard, California

Presenter Application

GCSN is looking for presenters for all grade levels for the upcoming conference. All areas of the science curriculum are welcome but we are especially looking for workshops linked to the State Standards. Sessions may also focus on instructional strategies, English Language Learners, or other related areas.

Compensation

One complimentary conference registration, which includes lunch, will be given to the lead presenter of the workshop. A continental breakfast and lunch will be provided. **K-12 teachers are eligible for a \$25 gift card for Office Depot to offset expenses.**

Presenter information

Name _____ Job Title _____

Additional Presenters _____

School or Organization _____ Grade Level _____

School or Organization Address (*street, city, state, zip*) _____

School/Work Phone _____ Fax _____

Home Phone _____ Fax _____

Home Address (*street, city, state, zip*) _____

E-Mail Address _____

Workshop Length 1 Hour _____ 2 Hour _____

Equipment Requirements

Overhead _____ LCD _____ TV/DVD/VCR _____ Other (please specify) _____

Are you willing to repeat this workshop? Yes _____ No _____ How many times? _____

Target Audience (Circle all that apply) K 1 2 3 4 5 6 7 8 9 10 11 12 13+

Area of emphasis (Circle all that apply)

Life ___ Physical ___ Earth ___ Space ___ Environmental ___ Technology ___ Integrated ___

Strategies for ELL ___ Instructional Strategies ___ Other(specify) _____

Type of workshop (Check only one)

Audience Participation _____ Demonstration _____ Lecture/Discussion _____

Title of workshop (Limit of 40 characters including spaces and punctuation.)

Description of workshop for program (Maximum 25 words)

State Standards Addressed _____

Safety

The use of hazardous materials is to be avoided. Are there any potential safety hazards associated with your workshop? Yes ___ No ___ If yes, please identify and indicate the precautions that will be taken.

Terms and Conditions

1. By submitting this form it is assumed that you will be available to present your workshop.
2. No monetary sale of items may occur during any session.
3. GCSN reserves the right to edit all titles and descriptions of workshops for the program.
4. The presenter agrees to indemnify and hold harmless GCSN for any and all claims, loss, damage, or injury associated with **unsafe practices**.
5. The presenter agrees to assume full financial responsibility for costs incurred as a result of **unsafe practices**.

I have read and hereby agree to abide by the **Terms and Conditions** as stated above.

Signature of Presenter _____ Date _____

Mail completed applications to:
Gold Coast Science Network
Debbie Bereki
P. O. Box 390
Fillmore, CA 93016

Please submit by April 1, 2010

K-12 teachers please check here if you want a
\$25 gift card to Office Depot _____

Contact Debbie Bereki at 805-524-2471 or debbie@goldcoastscience.org for more information.
Website: <http://www.goldcoastscience.org>