

**SPECIAL INTEREST SESSION PRESENTER APPLICATION**  
**56<sup>th</sup> ANNUAL TEAP CONFERENCE**  
**Thursday & Friday, November 6<sup>th</sup> & 7<sup>th</sup>, 2008**  
Radisson Penn Harris Conference Center, Camp Hill, PA

**PRESENTER'S NAME AND ADDRESS** (Please print or type name as it is to appear in program)

Dr.     Mr.     Mrs.     Ms

Company or School:

Position or Title:

(Teacher, Department Chair, Sales Representative, Administrator, Vice President, etc.)

Apartment Number or Suite Number (HOME\*):

Street and Number (\*HOME):

City:                      State:                      Zip:

Home Phone:                      Work Phone:                      FAX:

Email Address:                      Cell Phone:

**CO-PRESENTER'S NAME AND ADDRESS:**

Dr.     Mr.     Mrs.     Ms

Company or School:

Position or Title:

(Teacher, Department Chair, Supervisor, Administrator, Vice President, etc.)

Home Phone:                      Work Phone:                      Email:

Additional Guests/ Speakers

Dr.     Mr.     Mrs.     Ms

Company or School:

Position or Title:

(Teacher, Department Chair, Supervisor, Administrator, Vice President, etc.)

Home Phone:                      Work Phone:                      Email:

Be sure to include all individuals that you want listed on [www.teap-online.org](http://www.teap-online.org) and in the Conference program. Check our website for an online presenter application and the conference workshop schedule.

**SUBMIT APPLICATION TO:**

**Jonathan Taylor**  
**TEAP Assistant Conference Director**  
**117 North Penrose Street**  
**Quakertown, PA 18951**  
**(215) 538-9598**  
**jtaylor@cbsd.org**

**\*Home addresses are preferable for teachers who may be at home to receive summer mailings**

**APPLICATION DEADLINE: JUNE 12, 2008 (side 1 of 2)**

**TECHNOLOGY EDUCATION ASSOCIATION OF PENNSYLVANIA  
SPECIAL INTEREST SESSION PRESENTER APPLICATION  
2008 ANNUAL CONFERENCE  
side 2 of 2**

**PRESENTATION TITLE** (As it will appear in the conference program):

**PRESENTATION DESCRIPTION** (One or two concise statements -- 35 word limit)

**EQUIPMENT NEEDS**

**You need to supply your own AV equipment.**

We are only supplying screens. AV equipment can be rented through the Radisson.

**If you have other obligations at the conference that could conflict with the time or day your presentation may be scheduled, please indicate below:**

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**For official use only – Please do not write below this line**

Date application received \_\_\_\_\_ DB \_\_\_\_\_ Confirmed \_\_\_\_\_

DATE: \_\_\_\_\_ Thursday \_\_\_\_ \_\_\_\_\_ AM \_\_\_\_\_ PM Location \_\_\_\_\_

DATE: \_\_\_\_\_ Friday \_\_\_\_ \_\_\_\_\_ AM \_\_\_\_\_ PM Location \_\_\_\_\_

Presentation # \_\_\_\_\_ Access AutoNumber \_\_\_\_\_

Day, time slot, room, preferences \_\_\_\_\_