



Presenter Proposal Form

Presenter's Name _____

Affiliation/School/District _____

Title/Position _____

Email _____ Phone _____

Title of Presentation: _____

Targeted Grade Level(s) _____

Learning Outcomes/Description- Please describe what participants will learn as well as how you will engage the audience in your presentation.

Length of presentation: _____ Half Day _____ Full Day

Dates you are ***UNAVAILABLE*** to present: _____

Please list any special needs or equipment you may have for your session:

Please submit completed forms directly via fax to SARIC USA at 251-380-2707 by March 1, 2017.

Or email to: Dr. Kathy Sellers at ksellers@southalabama.edu

Cinthia Moore at cdmoore@southalabama.edu

Received: _____ Approved: _____ Scheduled: _____ PDM/STI _____

Contract Issued: _____ Contract Returned: _____