

**TSTA PROGRAM PROPOSAL  
NOVEMBER 16-18, 2006**

The TSTA Conference and Professional Development Institute will be held at the Sheraton Music City in Nashville. We need educators from all grade levels—kindergarten through higher education—to come and share their skills, ideas and activities in science with fellow teachers. To more effectively meet the needs of Tennessee's science teachers with the ESEA/NCLB requirements, the focus of our conference and professional development institute is to provide teachers with the content they need to grow as science professionals. As you plan your presentation, please keep this in mind. Proposals are due by **Sept. 15, 2006**. We encourage you to submit a proposal and look forward to seeing you at the conference.

**Please type or print clearly.**

NAME: \_\_\_\_\_ NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

\_\_\_\_\_ Check here if you do not want your name & address to appear in the program directory. \_\_\_\_\_ Check here if you do not want your name & address to appear in the program directory.

DAY PHONE: \_\_\_\_\_ DAY PHONE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_ FAX: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

SCHOOL SYSTEM/AFFILIATION WHERE YOU TEACH: \_\_\_\_\_ SCHOOL SYSTEM/AFFILIATION WHERE YOU TEACH: \_\_\_\_\_

YOUR SESSION'S FACILITATOR: \_\_\_\_\_

TITLE OF SESSION: \_\_\_\_\_

BRIEF DESCRIPTION: \_\_\_\_\_

<b>TYPE OF SESSION:</b>	<b>AUDIENCE:</b>	<b>ROOM ARRANGEMENT:</b>
____ HANDS-ON	____ K-2	____ CLASSROOM (TABLES & CHAIRS)
____ DEMONSTRATION	____ 3-5	____ THEATER SEATING
____ LECTURE	____ K-5	____ THEATER SEATING WITH ONE OR
____ PANEL	____ 6-8	____ HIGHER EDUCATION TWO TABLES IN THE FRONT

**CONTENT AREA:** \_\_\_\_\_ LIFE \_\_\_\_\_ BIOLOGY \_\_\_\_\_ EARTH \_\_\_\_\_ SPACE \_\_\_\_\_ PHYSICS \_\_\_\_\_ PHYSICAL \_\_\_\_\_ CHEMISTRY  
\_\_\_\_ TECHNOLOGY \_\_\_\_\_ ENVIRONMENTAL \_\_\_\_\_ OTHER \_\_\_\_\_

**CONTENT STANDARD(S) ADDRESSED** (Visit <http://www.state.tn.us/education/ci/cistandards2001/sci/ciscience.htm> if you need help.)

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**PRESENTERS ARE RESPONSIBLE FOR FURNISHING THEIR A/V EQUIPMENT AT THEIR OWN EXPENSE.**

If you have a preference for the day of your presentation, please indicate that for the committee. We will try our best to honor your request, but we cannot promise this day will be available during scheduling.

\_\_\_\_ FRIDAY \_\_\_\_\_ SATURDAY \_\_\_\_\_ NO PREFERENCE Would you do a second session? \_\_\_\_\_ YES \_\_\_\_\_ NO  
**PLEASE INDICATE WHICH TIME FRAME YOU PREFER** \_\_\_\_\_ 1 HR \_\_\_\_\_ 1.5 HRS \_\_\_\_\_ 2 HRS \_\_\_\_\_ OTHER \_\_\_\_\_

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PLEASE RETURN TO: Pat Carpenter, 55 East Ridges Dr Ct, Chuckey, TN 37641  
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E-MAIL: [Carpenterp@K12tn.net](mailto:Carpenterp@K12tn.net) or [carpenterp2@greenek12.org](mailto:carpenterp2@greenek12.org)