

Registration form



# Teach-In

Osceola County Public Schools

## Teach-In Speaker Registration Form for Thursday, November 19, 2009

Please Print:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Time Available (Circle)      1-2 hrs              3-4 hrs              All Day

Grade Level Preference: \_\_\_\_\_

Teacher Preference: \_\_\_\_\_

Special Equipment Needs: \_\_\_\_\_

Do you have children attending this school: \_\_\_\_\_Yes      \_\_\_\_\_No

Type of presentation:

\_\_\_ Teach a lesson of my own about \_\_\_\_\_

\_\_\_ Presentation about my career of \_\_\_\_\_

\_\_\_ Presentation about my hobby of \_\_\_\_\_

\_\_\_ Read to students (Back)