

Proposal Number \_\_\_\_\_ Primary Presenter's Name \_\_\_\_\_

**PENNSYLVANIA SCIENCE TEACHERS CONVENTION**  
Penn Stater Hotel & Conference Center – State College, PA  
2017 Program Proposal Form

**\*\*\*\*All Presenters Must Pay Registration Fees\*\*\*\***

Title of Presentation:

Presentation Abstract: Up to a **25 word** description as it will appear in the program booklet. Please write legibly.

**Presenter Information:**

Name and address of main presenter

Name \_\_\_\_\_ School \_\_\_\_\_  
Work Address \_\_\_\_\_ City, State, ZIP \_\_\_\_\_  
Home Phone \_\_\_\_\_ School Phone \_\_\_\_\_  
Email \_\_\_\_\_ Fax: \_\_\_\_\_

Name, affiliation and city of all presenters as they are to appear in the program. (NOTE: We do not have room for job titles, department names, etc., unless it is in lieu of an institution., e.g. Independent Consultant.)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Please Select ONE for each category.**

<b>Presentation Type</b>	<b>Grade Band</b>	<b>Subject Area</b>	
<input type="checkbox"/> Lecture	<input type="checkbox"/> PK-3	<input type="checkbox"/> Biology	<input type="checkbox"/> Environ & Ecology
<input type="checkbox"/> Demonstration	<input type="checkbox"/> 4-8	<input type="checkbox"/> Chemistry	<input type="checkbox"/> Safety
<input type="checkbox"/> Panel/Discussion	<input type="checkbox"/> 9-12	<input type="checkbox"/> Physics	<input type="checkbox"/> Research
<input type="checkbox"/> Hands-On	<input type="checkbox"/> College	<input type="checkbox"/> Earth & Space	<input type="checkbox"/> Scientific Practices
<input type="checkbox"/> Poster Session	<input type="checkbox"/> Other	<input type="checkbox"/> Physical Sci	<input type="checkbox"/> Crosscutting Concepts
		<input type="checkbox"/> STEM	<input type="checkbox"/> Other

**Audio Visual Equipment**

PSTA will provide a screen in each room. Transparency projectors will be provided upon request. PSTA **DOES NOT** provide LCD projectors. Internet is provided in all session rooms throughout the conference center.

**Preferred Time Allocation:** (Please indicate either a morning or afternoon preference. Provide any notes necessary.)

\_\_\_\_\_ Morning Session                      \_\_\_\_\_ Afternoon Session

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Preferred Day:**

\_\_\_\_\_ Thursday                      \_\_\_\_\_ Friday                      \_\_\_\_\_ No Preference

**All rooms are set up in classroom style including tables and chairs.**

**Special Circumstances:**

\_\_\_\_\_ Need more than **10 minutes** setup/teardown time

\_\_\_\_\_ Other, Explain \_\_\_\_\_

**Other notes to Program Staff:** \_\_\_\_\_  
\_\_\_\_\_

**Is this a proposal from an exhibitor?    \_\_\_ Yes    \_\_\_ No (Registration Fee is included in Exhibit Fees.)**

**Safety Information:** (Attach a separate sheet if necessary.)

1. Identify any potential safety hazards associated with your presentation.
2. What precautions will be taken during the presentation to deal with the hazards and to inform the audience of these hazards?
3. What safety equipment will be required? Please indicate provider.

Please send **one copy** of the completed proposal form to:

Dr. Donald Kline  
PSTA Program  
400 Wheatstone Drive  
Palmyra, PA 17078  
717-838-5079 (H)  
[dkline1@comcast.net](mailto:dkline1@comcast.net)

**Deadline:** Proposals must be received on or before June 30 to appear in the conference advanced program and to procure room arrangements and AV needs. Confirmations will be sent by late summer. Late proposals will be considered on a space available basis.