
PRESENTER APPLICATION FORM

Please print clearly and complete the form in its entirety to avoid any delays.

Name _____

School / Workplace Tel _____ Fax _____

Email Address _____

Full Mailing Address _____ City _____

Postal Code _____ Province _____

District School Board _____ District # _____

Complete the information below for the workshop proposal you wish to be considered for the
OSSTF/FEESO Tools & Toys... Technology in Education Conference.

**The following information will be used to describe your workshop in the brochure
should your application be approved.**

Name of Presenter(s) _____

Workshop Title _____

(Be concise but appealing to give the delegates an idea of your topic)

Workshop Description (**Maximum 70 words**) (Please use a separate sheet if necessary)

Your Preferred Date

- ❖ Thursday, October 28 Morning session Afternoon session
(Times to be determined)

- ❖ Friday, October 29 Morning session Afternoon session
(Times to be determined)

- ❖ No Preference

Maximum number of participants in your workshop _____

Have you presented a similar workshop in the last six months? Yes No

If yes, please state location and audience _____

All presenters whose application(s) are accepted and approved will be notified by email.

**Return this form to Anne Marie Sutton, Conference Secretary no later than
April 9, 2010 by fax @ 416-751-7079.**

Please email any questions or inquiries to esc-conf@osstf.on.ca