



NEW JERSEY SCIENCE CONVENTION

DoubleTree Hotel, Holiday Inn & Garden State Exhibit Center, Somerset, NJ

October 12th and 13th 2010



PROGRAM PROPOSAL FORM – SHARE YOUR GOOD SCIENCE IDEAS!

Proposal Deadline March 15, 2010 — www.njscienceconvention.org

Program proposals arriving after this date will be considered on a space available basis and will not receive priority scheduling.
RETAIN THIS FORM FOR REFERENCE ONLY AND COMPLETE AND SUBMIT AN ONLINE PROPOSAL

Title of Program:
Abstract:

(Abstract must be 25 words or less. **No attachments accepted. Abstracts over 25 words will be edited to 25 words**)

LENGTH OF PRESENTATION: _____ 1 HOUR _____ 1.5 HOURS

TYPE OF PRESENTATION: (CHECK ONLY ONE)

- HANDS-ON: Attendees are involved in hands-on activities at tables arranged classroom style.
Maximum capacity of rooms is 25-30. Only sessions where the participants **MUST** sit at tables should choose this option.
- LECTURE PANEL DISCUSSION DEMO. OTHER (specify) _____
One table at front of room. Chairs arranged theater style facing front of room.

GRADE/INTEREST LEVEL: (Check ONLY ONE that BEST applies to your desired audience)

- K-4 5-8 9-12 K-8 K-12

CONTENT: (Check NO MORE than 3 options; if more than 3 options are checked, only the first three will be listed)

- All Science (AS) Earth Science (ES) General Interest (GI) Physics (P) Supervision (SUP)
- Biology (B) Environmental Sciences (ENS) Life Science (LS) Safety (S) Technology (T)
- Chemistry (C) Forensics (F) Physical Science (PS) Science Leaders (SL)
- Other: Specify: _____

PRESENTER INFORMATION – PRESENTERS MUST REGISTER FOR CONVENTION OR PURCHASE BOOTH SPACE. Provide complete contact information as listed below. If multiple presenters are taking part, list their names and all other information on the back of this form. PLEASE PRINT CLEARLY.

Name _____ Company/Organization/School _____
 Email (home) _____ Email(work) _____
 Home Street _____ Work Street _____
 City, State, Zip _____ City, State, Zip _____
 Home telephone () _____ Work Telephone () _____

GENERAL INFORMATION (Please read this section carefully and answer each question completely.)

1. In accordance with convention policy, all profit and non-profit organizations that represent a product or service **must** purchase exhibit space in order to present a program. The same program may not be presented twice at any one convention.
2. Will you be featuring any materials (textbooks, lab manuals, software, how-to-books, kits, etc) or your own services that can be purchased? ___ Yes ___ No
3. If YES, indicate the name and address of the company and/or individual from whom the above are available.
Name _____ Address _____
4. Have you or this company purchased exhibit space at the convention? ___ Yes ___ No (If No, skip to question 6.)
5. If YES, indicate the number of exhibit spaces purchased _____ Vendors purchasing exhibit space are entitled to ONE presentation PER SPACE each day.

(Over Please) →

6. Please indicate a person to Chair your program. Session chairs introduce the speaker and complete an evaluation of the program.

Name _____ Phone _____ Email _____

Would you prefer to introduce yourself? _____ Yes _____ No

7. All rooms are equipped with projection screens. Presenters are responsible for their own AV equipment.

8. Will your presentation require Internet access? _____ Yes _____ No

9. Has someone associated with the convention, or affiliated organization asked you to present this program? _____ Yes _____ No

If YES, who? Name _____

10. Are you presenting this program on behalf of any of the following organizations? (IF YES, CIRCLE ORGANIZATION.)

ACS-TA

NJESTA

BTANJ

CHEM-TAG

NJAAPT

HSTOFS

Additional Presenter(s) Information:

Name _____

Company/Organization/School _____

Email (home) _____

Email(work) _____

Home Street _____

Work Street _____

City, State, Zip _____

City, State, Zip _____

Home telephone () _____

Work Telephone () _____

Name _____

Company/Organization/School _____

Email (home) _____

Email(work) _____

Home Street _____

Work Street _____

City, State, Zip _____

City, State, Zip _____

Home telephone () _____

Work Telephone () _____

Name _____

Company/Organization/School _____

Email (home) _____

Email(work) _____

Home Street _____

Work Street _____

City, State, Zip _____

City, State, Zip _____

Home telephone () _____

Work Telephone () _____

DO NOT WRITE IN THIS BOX: FOR PROGRAM COMMITTEE USE ONLY

Accepted/Rejected Tue/Wed DT/Hi Time _____ Room _____

INTERNET REQUESTED? _____ YES _____ NO

ABSTRACT # _____ Date Received _____

IF UNABLE TO COMPLETE AND SUBMIT ONLINE, RETURN THIS FORM TO:

Janet Gaudino
108 Fountayne Lane
Lawrenceville, NJ 08648
njscienceconvention@gmail.com

You will receive an email confirmation of RECEIPT of your program proposal soon after it is received by us.

You will receive a letter of confirmation of ACCEPTANCE or REJECTION of the proposal by June 1, 2010.

Questions? Contact:

Sandy Buleza sbuleza@njsc-online.com 908-475-9270 or Nancy Bennett nbennett@njsc-online.com 973-889-1959