

# October Conference for Teachers

Cooperstown, New York - October 16-18, 2008

## Presentation Proposal Form

Name:

Professional title:

Organization:

Summer Mailing Address:

Phone:

E-Mail Address:

*Please describe the session you are interested in presenting:*

Title:

Grade Level: (circle all that apply) E M H All

Length: (circle one) 75 min. (Friday ONLY) 3 hours (Saturday AM ONLY)

Brief Summary:

Audio Visual needs (please note that availability of LCD projectors is limited):

Classroom set-up needs:

**Please return this form by AUGUST 1, 2008**

October Conference for Teachers  
c/o Office of Statewide Programs  
New York State Historical Association  
P.O. Box 800  
Cooperstown, New York 13326

Fax: (607) 547-1468

Email: [statewideprograms@nysha.org](mailto:statewideprograms@nysha.org)