

**2014 GREAT AMERICAN TEACH-IN
HILLSBOROUGH COUNTY PUBLIC SCHOOLS**

SPEAKER REGISTRATION FORM

Mr.____
Mrs.____
Ms.____
Dr.____

(Last) (First) (Initial)

Company/
Organization: _____ Position: _____

Mailing Address: _____

City: _____ Zip Code: _____

Home Phone: () _____ Work Phone: () _____

Presentation Topic: _____

Time of Day Available: _____ a.m. _____ p.m.

Time Available: 1-2 Hours _____ 5-6 Hours _____ 3-4 Hours _____ All Day _____

Preferences: Group Size _____
Number of presentations _____
Length of presentation _____

Available Equipment (check if needed)	Overhead Projector	_____
	Screen	_____
	VCR	_____
	DVD Player	_____
	LCD Projector	_____
	Laptop Computer	_____
	Copy Service	_____

Please call the school ahead of time if we can assist you in any way.

Signature of Speaker

Date

Willing to volunteer for future events Yes _____ No _____