



2017 Billie J. Askew Reading Recovery and K-6 Literacy Institute
November 6-7 * Hurst Conference Center - Hurst, Texas

SPEAKER PROPOSAL FORM

As the lead presenter, your registration is complimentary. A special code will be provided once selected. Only fully completed applications will be accepted.

*Lead Presenter Name: _____

*Title or position: _____

*Institution, if affiliated: _____

* As it will appear in the program and all publicity.

Preferred Mailing Address: _____

Home [] Work [] _____

Daytime Phone: _____ Cell Phone: _____

E-mail address: _____

STRAND – Mark all that apply to your proposal:

- Classroom K-3 (CR/K-3)
Classroom 4-6 (CR/4-6)
English Language Learners (ELL)
Bilingual/Dual Language (BIL/DL)
Literacy Leadership (LL)
Reading Recovery/Descubriendo la Lectura (RR/DLL)
Other

TITLE OF SESSION (10 words or less): _____

BRIEF DESCRIPTION OF SESSION: (30 words or less) _____

A/V EQUIPMENT:

Podiums, Screens, LCD projectors, microphones and internet service will be provided for your convenience. Please bring your own laptop.

In accepting this invitation to speak at the Texas Woman’s University Reading Recovery & Literacy Institute (K-6), you are agreeing to the following paragraph below and providing your signature.

During my presentation(s), I will NOT advertise my company’s or my own products or services; the content of my presentation will NOT be directly related to my company’s or my own services or products; and I will NOT attempt to sell my company’s or my own products or services.

Signature: _____

PLEASE RETURN PROPOSAL ON OR BEFORE June 1, 2017
EMAIL: lbynum@twu.edu or FAX to (940) 898-2229



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CO-PRESENTER INFORMATION

Co-presenters attending the conference register and pay using the standard registration process. Only fully completed applications will be accepted.

* Co-Presenter Name: _____

* Title or position: _____

* Institution, if affiliated: _____

Preferred Mailing Address: _____

Home Work _____

Daytime Phone: _____ Cell Phone: _____

E-mail address: _____

* Co-Presenter Name: _____

* Title or position: _____

* Institution, if affiliated: _____

Preferred Mailing Address: _____

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Preferred Mailing Address: _____

Home Work _____

Daytime Phone: _____ Cell Phone: _____

E-mail address: _____

* As it appears in the program and all publicity

IF THERE ARE ADDITIONAL CO-PRESENTERS, PLEASE COPY THIS PAGE AND ATTACH IT TO YOUR PROPOSAL.

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