

S.M.I.L.E.

“Stimulating, Motivating, Innovative, Learning for Educators”

Speaker Proposal

Name _____

Email Address _____

Fax _____ Phone _____

Title of Proposed Session:

Description:

Co-Presenter(s) _____

Grade Band Focus _____

Technology requirements:

Equipment Requirements

Please Indicate:

Fee for Service-(please provide fee) _____

Volunteer Presentation _____

Please return to kenriquez@cochise.az.gov