

2017 GREAT AMERICAN TEACH-IN

Thursday, November 16, 2017

HILLSBOROUGH COUNTY PUBLIC SCHOOLS

Sickles High School

SPEAKER REGISTRATION FORM

Mr. _____

Mrs. _____

Ms. _____

Dr. _____

(Last)

(First)

(Initial)

Company/

Organization: _____ Position: _____

Mailing Address: _____

City: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Presentation Topic: _____

Time Available (check as many time slots as you would like to present):

____ (per 1) 7:33am-8:23am ____ (per 2) 8:31-9:27 ____ (per 3) 9:35-10:25

____ (per 4A) 10:33-11:08 ____ (per 4B) 11:31-12:06pm ____ (per 5) 12:14-1:04

____ (per 6) 1:12-2:02 ____ (per 7) 2:10-3:00

****BREAKFAST AND LUNCH PROVIDED****

Equipment needed _____

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

Signature of Speaker

Date

Return this form to Ken Gennaro by November 01, 2017
Kenneth.gennaro@sdhc.k12.fl.us