



2018 GREAT AMERICAN TEACH-IN

Thursday, November 15, 2018
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/Business Phone: _____ Cell Phone: _____

Email: _____

Presentation Topic: _____

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

____ (per 1) 8:30am-9:18am ____ (per 2) 9:24-10:17

____ (per 3) 10:23-11:11am ____ (per 4A) 11:17-12:05

____ (per 4B) 11:55-12:43pm ____ (per 5) 12:49-1:37

____ (per 6) 1:43-2:31pm ____ (per 7) 2:37-3:25

***PLEASE, ONLY CHECK THE TIMES THAT YOU WILL BE AVAILABLE TO SPEAK.
YOU WILL BE PLACED IN CLASSES FOR ALL TIMES THAT ARE CHECKED OFF****

****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 Lisa Held by November 09, 2018

Lisa.held@sdhc.k12.fl.us