



Mississippi Education and Technology Innovation Symposium June 27-29, 2018 Jackson Convention Complex Jackson, MS

PRESENTER REGISTRATION FORM

We would like to take this opportunity to invite you to share your knowledge, ideas and successes with colleagues from across the state at this year's METIS. This annual symposium is hosted by the Mississippi Department of Education/Office of Technology and Strategic Services. It is open to superintendent, administrators, IT/technical staff and directors, teachers, business managers, school improvement team members, program directors and anyone with an interest in the importance of quality data to improve student achievement.

<u>Please submit your registration form by January 15, 2018</u>. All forms will be read and reviewed by the METIS Committee. Selected presenters will be notified by **February 5, 2018**. If selected as a presenter, your PowerPoint presentation will need to be submitted by **April 9, 2018**. Use a separate registration form for each proposed session.

<u>Session Information</u>: All concurrent sessions are one-hour long. If you feel your presentation would require a double session (2 hours), please contact the Office of Technology and Strategic Services. The presentation timeframe will include introductions, presentation material and Q&A. Presenters are responsible for providing copies of handouts and any materials that will be used during presentation. All session rooms are arranged classroom style and will be equipped with a podium, microphone, laptop and projector/screen. Presentations should provide attendees with educational value. Please refrain from promoting a specific business, product, or service.

PRESENTER INFORMATION:

Presenter Name:	
Role/Title:	
School/Organization: Mailing Address: Work Home	
City.	toto: 7:n/Postal Codo:
	tate:Zip/Postal Code:
Phone:	
E-mail:	
About Presenter:	
\square First time presenting at METIS \square I have presented at METIS in the past	
Are you an exhibitor? ☐ Yes ☐ No	

PRESENTATION INFORMATION: Session Title: Brief Description of your presentation: (a general overview of your session) **How many sessions on this topic?** □ One □ Two □ Three □ Four Which day(s) are you available? ☐ Day 1 (June 27) ☐ Day 2 (June 28) ☐ Day 3 (June 29) ☐ All Days (June 27-29) **Room capacity:** (Please select only **one**) □ 75 □ 130 □ 384 Facilitator needed: (Monitor time, temperature, crowd control, assist with handouts, etc.) ☐ Yes ☐ No Additional guests to assist with presentation: (maximum of 2 complimentary) Name: Organization: Phone:_____ Email:____ Name:_____Organization:_____ Phone:_____Email:____ Goals/Objectives: (briefly describe the goal/objective of your session)

Please email your presentation to METIS@mdek12.org

Presenters receive no compensation for their services; this is strictly on a volunteer basis

For more information, please contact Kimberly Brown or Monica Bates at 601-359-3487 or via email at krbrown@mdek12.org or mbates@mdek12.org

Please save this form and email to METIS@mdek12.org.