

**Nebraska Association of Teachers of Mathematics  
Presenter's Information**

Thank you for your contribution to the success of our fall conference. Please complete this form and turn it in at the registration table. This information will allow us to thank your supervisor for allowing you time away from work to attend the conference. The information will also be used to provide information to your local newspaper.

Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

School or business \_\_\_\_\_

Work Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Title \_\_\_\_\_

Supervisor's email address \_\_\_\_\_

Local Newspaper \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_

Title of Presentation \_\_\_\_\_

Brief description of presentation \_\_\_\_\_

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Please return to:  
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