

2008
**GAMSP/GASSP
FALL CONFERENCE
PRESENTER APPLICATION
November 9-11**

PRESENTERS NAME_____

SCHOOL_____

ADDRESS_____

EMAIL ADDRESS_____

PHONE NUMBER_____

TOPIC_____

BRIEF OVERVIEW

ADDITIONAL PRESENTERS

- 1.
- 2.

WHAT SPECIAL NEEDS (AV, etc.) DO YOU HAVE FOR YOUR PRESENTATION?

Return to: Melton Callahan, 5634 Atlanta Hwy., Suite 300, Flowery Branch, Ga. 30542
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