

# MTTA SUMMER CONFERENCE PROGRAM PLANNING SHEET

- Please complete **one sheet for each program** and **send to Cluster Chair by February 10.**
- Complete **both sides** of this form.
- Please **type or print legibly.**
- Please complete all information (Information will be used by MTTA, MoACTE, DESE and OTC for accurate scheduling).
- \*\* Direct all correspondence to Dorothy Loges, Secretary (417) 752-3491 or <e-mail: [dloges@dallasr1.k12.mo.us](mailto:dloges@dallasr1.k12.mo.us)>.

Cluster(Select one below)	Program Planner Information (Complete all information below)
<input type="checkbox"/> Construction *	* Program Planner (Name) _____
<input type="checkbox"/> Graphics **	** Program Planner Phone # (_____) _____ - _____ (Work)
<input type="checkbox"/> Manufacturing * * * * *	(_____) _____ - _____ (Home)
<input type="checkbox"/> Service **	** e-mail address: _____ (Work)
<input type="checkbox"/> Transportation *	* e-mail address: _____ (Home-Summer)

**OCCUPATIONAL AREA** (Be specific: Welding, Culinary Arts, Auto Collision) \_\_\_\_\_

**[A minimum of 6 hours total programs for each cluster/occupational area should be scheduled below].**  
 Total people of all sessions during a time period, should total 80-150 people to accommodate all of the people in your cluster

**Date/Time** (One checked block per sheet, per session—complete one sheet for each program.)

- Wednesday morning-July 27<sup>th</sup>
  - 8:00 – 9:45 am
  - and
  - 10:00 – 11:45 am
  - OR
  - 8:00 – 11:45 am
- Wednesday afternoon -July 27<sup>th</sup>
  - 1:00 – 2:45 pm
- Thursday, Friday/Sat. (optional) specify day/time(s) \_\_\_\_\_

**Name of Program/Presentation:** *(as it should appear in the printed program, typed or printed **below**).*

“ \_\_\_\_\_ ”

Presenter(s) Information--Presenter #1 (Complete all info.)	--Presenter #2 (Complete all info. for second presenter)
Name _____	Name _____
Title _____	Title _____
Firm/Organization _____	Firm/Org. _____
Address _____	Address _____
City _____ State _____	City _____ State _____
Phone _____ Zip _____	Phone _____ Zip _____
E-mail _____	E-mail _____

**Brief Description of Program** (*Wording you use, may be printed in the program—please type or print legibly.*)

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**Room Requirements:**

- \_\_\_\_\_ Anticipated # of attendees (per each session, not total for all sections)
- ( ) Small: 10 – 25 people
- ( ) Medium: 26 – 50 people
- ( ) Large: 51 – 75 people
- ( ) Extra Large: 76+ people (Estimate total number per session \_\_\_\_\_ #)

\_\_\_\_\_# If there is a maximum for this program, please list the maximum number of people,\_\_\_\_\_.

**Room Layout** (select all that apply)(Normally can accommodate up to 40 people, exception computer labs up to 24 people!!!)

- ( ) Classroom style (tables and chairs)
- ( ) Theater style (chairs only)
- ( ) Lecture (no computers)
- ( ) Lecture (1 computer for PowerPoint Presentation)
- ( ) Lab (be specific as to needs and type of lab) \_\_\_\_\_
- ( ) Computer Lab **Specify:** \_\_\_\_\_ **PC (24 max)** or \_\_\_\_\_ **MAC (18 max)**
- ( ) Need room or lab set up prior to presentation session? Amount of time needed? \_\_\_\_\_
- ( ) Software requirements:
  - \*Special applications needed? Type? \_\_\_\_\_
  - \*Special software required for set-up? What software? \_\_\_\_\_
  - \* Special hardware/software required **MUST** be delivered to OTC’s Information Technology Department **60 days prior to presentation session!**
  - \*If Internet use is requested, list all websites here: \_\_\_\_\_
- ( ) No preference (Assignment will be determined by number anticipated and subject area, based on availability of rooms)

**Equipment Requirements** (select all that apply)

- ( ) Overhead Projector (for transparencies or other): \_\_\_\_\_
- ( ) Podium
- ( ) Projection Screen
- ( ) Dry Erase Board
- ( ) DVD/VCR (alone or with other, list): \_\_\_\_\_
- ( ) Sound System/Microphone
- ( ) Multi-Media Projector: Indicate type of presentation (PowerPoint, etc.) \_\_\_\_\_
- ( ) Printer
- ( ) Bringing own equipment (flip charts and portable white boards and/or laptop) **Specify:** \_\_\_\_\_
- ( ) Instructor Computer Station. **Specify:** \_\_\_\_\_ **PC** or \_\_\_\_\_ **MAC**  
(Note: Special Hardware/software required will need to be delivered to OTC--Information Technology Dept. **60 days prior to presentation session.**)

( ) Other (Please be specific-please type or print legibly.) _____ _____ _____
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**Important information**

**OTC Restrictions:** -Presenters will not have the ability to install or download software or ftp files, on OTC computers due to the college’s security and firewall without **prior coordination** with the Information Tech. Dept.  
**[Help Desk (417) 447-7548].**  
 -A presenter’s laptop with Internet Access will not have the ability to print in the classroom without **prior coordination** with the Information Technology Dept.

**NOTE:** Desire college credit? (Optional) Workshops generally must have 20-30 hours of meeting time to be eligible for college credit. E-mail Lori Cochran for details at [cochran@cmsu1.cmsu.edu](mailto:cochran@cmsu1.cmsu.edu) or call 660-543-4887.

**IMPORTANT! OTC-issued usernames and passwords are REQUIRED for anyone using any computer on campus (includes personal laptops). Presenters can pick up the usernames and passwords from the Student Help Desk in the Information Commons Atrium, or the I.T. Office in Graff Hall. A photo I.D. is required.**

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