



# Skybox Exhibitor Presentation Form December 7 & 8, 2009

We are pleased to offer you the opportunity to showcase your company products by purchasing a one hour presentation in a skybox room.

Please complete this form and return it with payment by October 30, 2009 to:

RSAC  
Attn. Chris  
300 Heart Blvd. Loves Park, IL 62526  
PH: 815-921-8474 Fax: 815-636-3069  
Email: [cdeschep@kidsroe.org](mailto:cdeschep@kidsroe.org)

\*\*One - one hour presentation \$ 50  
# of presentations you wish to purchase for \$50 each X \_\_\_\_\_  
Please make checks payable to, "RSAC Conference"

### Presenter Information Please print or type:

Last name \_\_\_\_\_ First name \_\_\_\_\_

Co-Presenter(s), if applicable \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Session Title (5 words or less) \_\_\_\_\_

Session Description: Please include how your session impacts raising student achievement and is scientifically researched-based.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Check Appropriate Grade Levels:

All levels  Early Childhood  Primary  Intermediate  Middle School  High School

### Check Appropriate Target Audience:

All Positions  Administrators  Teachers  Spec. Ed.  Technology

### Check Appropriate Strand:

Content/Instruction  Special Education/Subgroup Populations  Data/Assessment  Family/Community/School Climate

Presentation Style: (Please use percentages) \_\_\_\_\_% Interactive \_\_\_\_\_% Lecture

### Skybox Description:

Skybox presentation rooms overlook the exhibit hall. Room set-up will be classroom style (15-20). Room includes tables, chairs and electrical outlet with surge strip. **No AV equipment will be provided unless purchased from Pheasant Run directly or brought by your company.** A "Master Order Form" from Pheasant Run will be sent with your skybox confirmation letter.

**For questions call Chris or Donnette @ 815-921-8474**