



CHAMBERLAIN HIGH SCHOOL
2023 GREAT AMERICAN TEACH-IN
SPEAKER REGISTRATION FORM

Name: _____
(Title) (Last) (First) (Initial)

Company/
Organization: _____ Position: _____

Email Address: _____

Mailing Address: _____

City: _____ Zip Code: _____

Preferred Phone: () _____ Work Phone: () _____

Presentation Topic: _____

Time of Day Available: _____ a.m. _____ p.m.

Time Available: 1-2 Hours _____ 3-4 Hours _____ 5-6 Hours _____ All Day _____

Preferences: Group Size _____ Number of presentations _____
Length of presentation _____ Grade Level _____

Equipment needs: _____

Please review the attached Guidelines for Speakers. Call the school ahead of time if we can assist you in any way.

Signature of Speaker Date

Willing to volunteer for future events* Yes _____ No _____

****Recurring volunteers are asked to complete an HCPS on-line volunteer application.***

**Return this form to the school's Main Office, ATTN: Dr. Chowning
Chamberlain, 9401 N. Boulevard, Tampa, FL 33612
Or scan and attach to kristina.chowning@hcps.net**



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SPEAKER REGISTRATION FORM**

Title: [Click here to choose Title](#)

First Name: **[Click here to enter](#)** First Name

Last Name: [Click here to enter](#) Last Name

Company/Organization: [Click here to enter Company/Organization](#) Position: [Click here to enter Position](#)

Email Address: [Click here to enter Email Address](#)

Mailing Address: [Click here to enter Mailing Address](#)

City: [Click here to enter City](#) Zip Code: [Click here to enter Zip Code](#)

Preferred Phone: [Click here to enter Preferred Phone](#) Work Phone: [Click here to enter Work Phone](#)

Presentation Topic: [Click here to enter Presentation Topic](#)

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Preferences: Group Size [Click here to enter Group Size](#)

Number of Presentations [Click here to enter Number of Presentations](#)

Length of Presentation [Click here to enter Length of Presentation](#)

Grade Level [Click here to enter Grade Level](#)

Equipment Needs: [Click here to enter Equipment Needs](#)

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Date

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