



# Presenter / Class Registration



**NOTES:** Audience is Grades 3-8 (use age-appropriate class title & description)

**Students prefer hands-on or activity-based presentations**

Complete information below and return to [secretary@marketplacend.org](mailto:secretary@marketplacend.org)

Questions? Contact us at: 701-242-7744 or Toll Free: 1-855-434-5437

## Presenter Information (\*Required Information)

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <b>* PRESENTER NAME:</b>		<b>*JOB TITLE:</b>		<b>*COMPANY/ORGANIZATION:</b>		
<b>* MAILING ADDRESS:</b>			<b>* CITY:</b>		<b>* ST:</b>	<b>* ZIP CODE:</b>
<b>* EMAIL ADDRESS</b>		<b>* TELEPHONE (To Publish):</b>	<b>* CELL PHONE (Emergency):</b>	<b>WEBSITE:</b>		
<b>Please list all individuals who will be helping you – Include their contact information</b>						
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <b>* ASSISTANT NAME:</b>		<b>* JOB TITLE</b>		<b>*EMAIL ADDRESS</b>		
<b>* TELEPHONE/CELL:</b>		<b>* ADDRESS</b>		<b>* CITY</b>	<b>*ST</b>	<b>*ZIP CODE:</b>
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <b>* ASSISTANT NAME:</b>		<b>* JOB TITLE</b>		<b>*EMAIL ADDRESS</b>		
<b>* TELEPHONE/CELL:</b>		<b>* ADDRESS</b>		<b>* CITY</b>	<b>*ST</b>	<b>*ZIP CODE:</b>
<b>* JOINING US FOR LUNCH? REMEMBER, LUNCH IS ON US!</b>				<input type="checkbox"/> YES <input type="checkbox"/> NO <b>If YES, How Many?</b>		

## CLASS INFORMATION

<b>*CLASS TITLE:</b>						
<b>*CLASS DESCRIPTION:</b>						
<b>*EQUIPMENT NEEDS/CLASSROOM SETUP:</b>		<input type="checkbox"/> CHAIRS <input type="checkbox"/> TABLES <input type="checkbox"/> PROJECTOR <input type="checkbox"/> SCREEN <input type="checkbox"/> OPEN SPACE ONLY <span style="color: yellow; font-weight: bold;">NEED TO PROVIDE YOUR OWN COMPUTER</span>				
<b>*ARE YOU RESTRICTING YOUR CLASS SIZE?</b>		<input type="checkbox"/> YES <input type="checkbox"/> NO <b>If YES, How Many Students?</b> <input type="checkbox"/> 16 <input type="checkbox"/> 24 <input type="checkbox"/> 32 <b>If OTHER, How Many?</b>				
<b>** Please indicate all location(s) you will be presenting this class **</b> <b>Need completed form back by Site Registration Deadline to have class listed on website</b>						
<b>EDUCATION SITE</b>	<b>SITE LOCATION</b>	<b>SITE DATE</b>		<b>SITE REGISTRATION DEADLINE</b>		
<input type="checkbox"/> Roundup	Roundup Elementary School	Wednesday, September 25, 2024		Wednesday, July 25, 2024		
<b>FOR OFFICE USE ONLY:</b>		<b>Date Received:</b>	<b>Site Data Entry:</b>	<b>Conf Email:</b>	<b>Scanned:</b>	
<b>Class Information:</b>		<b>BLDG:</b>	<b>ROOM #:</b>	<b>LETTER:</b>		