

Tennessee Association of Middle Schools
Annual Summer Conference
June 4-6, 2019

Presenter Information

Full Name _____
 Address _____
 City _____ State _____ Zip _____
 School _____
 District _____
 Home Phone _____
 School Phone _____
 Position _____
 Email _____
(required - confirmation will be sent to this address)
 Presentation Title _____

Number of Sessions willing to Present: One Two

Please attach a BRIEF description of your presentation including how it addresses the needs of Middle Level Learners. Also include a list of equipment needs.

Please make checks
payable to:
TAMS

Conference Chairperson:
Dr. Cedric Gray

Mail checks to:
TAMS
P.O. Box 30808
Knoxville, TN 37930

For Information Contact:
jessica.strickland@knoxschools.org



Wilderness at the Smokies / Sevierville Events Center

202 Gists Creek Road
Sevierville, TN 37876

For Hotel Reservations call: 1-865-429-0625

Room rate \$125 (includes 4 tickets to the waterpark)

Registration Fees - Check all that apply

Presenters

Presenter _____ \$100
*Deadline is March 1, 2019

TAMS Membership

Join today and receive membership rates. _____ \$10

Online Registration

Online Registration available at <http://www.tams.net>

Total Included: --->

\$

*Separate Forms are required per attendee. One check per school is acceptable.
Registration Fee includes the Luncheon Sessions.*