

' &bx ANNUAL S.E.E.D. - SCIENCE EDUCATION ENRICHMENT DAY - OCTOBER +, 201+
EXHIBIT PROPOSAL FORM

*****PLEASE RETURN THIS FORM BY AUGUST 2:, 2019 TO:*****

Ruth Patrick Science Education Center, Attn: SEED Committee,
 471 University Parkway, Aiken, SC 29801 – FAX to 803-641-3615 – EMAIL to johnh@usca.edu

CONTACT INFORMATION:

Contact Person (Ms. Mrs. Miss Mr. Dr.) _____

Mailing Address _____ City, State

Telephone _____ Email _____ Zipcode

ORGANIZATION INFORMATION:

NAME OF ORGANIZATION: _____

- | | | | | |
|---|---|---|--|---------------------------------------|
| <input type="checkbox"/> College Faculty | <input type="checkbox"/> University Student | <input type="checkbox"/> Industry | <input type="checkbox"/> School | <input type="checkbox"/> Science Club |
| <input type="checkbox"/> Teacher | <input type="checkbox"/> Media Center | <input type="checkbox"/> Retirees | <input type="checkbox"/> Government Agency | |
| <input type="checkbox"/> Mus./Sci. Center | <input type="checkbox"/> Science Vendor | <input type="checkbox"/> Prof. Science Org. | <input type="checkbox"/> Other _____ | |

EXHIBITOR INFORMATION: *(Please list ALL exhibitors. Use a separate sheet for additional listings)*

Number of lunches needed for exhibitors: _____

Name: _____ T-Shirt Size: _____ Name: _____ T-Shirt Size: _____

Name: _____ T-Shirt Size: _____ Name: _____ T-Shirt Size: _____

Name: _____ T-Shirt Size: _____ Name: _____ T-Shirt Size: _____

Name: _____ T-Shirt Size: _____ Name: _____ T-Shirt Size: _____

EXHIBIT INFORMATION:

TITLE OF EXHIBIT: _____

EXHIBIT DESCRIPTION: _____

For the items listed below, please check the appropriate spaces and provide specific details where applicable:

- | | | | |
|--------------------------------------|---|---|---|
| TOPIC: | <input type="checkbox"/> Biology/Life Science | <input type="checkbox"/> Computer Science | <input type="checkbox"/> Chemistry |
| <input type="checkbox"/> Mathematics | <input type="checkbox"/> Earth/Space Science | <input type="checkbox"/> Health Science | <input type="checkbox"/> Industrial Application |
| <input type="checkbox"/> Physics | <input type="checkbox"/> Problem-solving | <input type="checkbox"/> Science Careers | <input type="checkbox"/> Other _____ |

- | | | |
|---|--|---|
| MODE OF PRESENTATION: | <input type="checkbox"/> Demonstration | <input type="checkbox"/> Manipulative Model |
| <input type="checkbox"/> Game | <input type="checkbox"/> Audio-Visual | <input type="checkbox"/> Computer Simulation |
| <input type="checkbox"/> Hands-on Experiment/Activity | <input type="checkbox"/> Contest | <input type="checkbox"/> Other (specify): _____ |

- | | | |
|--|---|---------------------------------------|
| EQUIPMENT NEEDED: | # of 6-foot tables: _____ | # of single electrical outlets: _____ |
| <input type="checkbox"/> Source of running water | <input type="checkbox"/> Audio-Visual equipment, specify: _____ | |
| <input type="checkbox"/> Other, specify: _____ | | |

- | | |
|--|--|
| SPACE REQUIREMENTS: | |
| <input type="checkbox"/> Area 10' x 10' | <input type="checkbox"/> Area smaller than 10' x 10' |
| <input type="checkbox"/> Area larger than 10' x 10', specify size: _____ | |

PREFERRED SET UP TIME:

- Afternoon before event (2:00PM - 6:00PM)
- Morning of event (8:00AM - 9:30AM)

PREFERRED LOCATION: (Not Guaranteed)

- Indoors
- Outdoors
- Uwf gpvEgpygt
- Quad
- RPSEC

COMMENTS:

SAFETY CONSIDERATIONS:

Materials to be used: _____

Description of potential hazards: _____

Specific precautions for prevention of accidents (must address above hazards): _____

TRIVIA QUESTION:

Please submit a trivia question. The answer to the question should be learned while visiting or manipulating your exhibit. Please include the acceptable answer.
 The SEED Trivia questions will be used to encourage students to visit and interact at each exhibit.

Question: _____

Answer: _____
