

To: UNMC Faculty and Staff

From: Liliana P. Bronner, MHSA
Program Coordinator
E-mail: LBronner@unmc.edu
Phone: 559-8106

**12TH ANNUAL UNMC FACULTY AND STAFF - SCIENCE TEACHER CONNECTIONS DAY
THURSDAY, OCTOBER 8, 2009**

If you are passionate about science and like to share the meaning of your work, then this opportunity is for you! We are in search of faculty and staff who will donate 50 minutes of their time to share a learning activity with a small group of rural science teachers.

The purpose of this workshop is to promote the health sciences to rural teachers and help them learn more about what we do at the Medical Center.

If you can organize an **interactive and/or hands-on** activity for a group of 3-6 high school science teachers, please indicate it on the attached form. Some examples of activities are:

- Sharing simple science applications
- Demonstrating hands-on or interactive projects
- Explaining your research and touring your lab
- Showing how equipment is used to diagnose or treat diseases

The time allotted for each activity is 50 minutes. If you would like more than 50 minutes, we can make arrangements, just indicate your desired times on the attached page.

Workshop Agenda:

7:45 - 8:15 am	UNMC Tour
8:20 - 8:50 am	Welcome / UNMC Overview
9:00 - 9:50 am	Activity 1
10:00 - 10:50 am	Activity 2
11:00 - 11:50 am	Activity 3
12:00 - 12:50 pm	Lunch
1:00 - 1:50 pm	Activity 4
2:00 - 2:15 pm	Closing Remarks & Evaluations

To help promote health sciences, fill out the attached Department Presentation Proposal Form, fax it to the RHEN office at 559-5050 or return it via-campus mail to zip 6660 no later than Monday, August 31.

If you have questions, don't hesitate to e-mail or call me at the number listed above.

We hope you can participate in this event!

DEPARTMENT PRESENTATION PROPOSAL FORM
TEACHER CONNECTIONS DAY
Thursday, October 8, 2009

Department Name: _____

1) Location where teachers should report to: **Building** _____ **Room Number** _____

2) Presenter(s) Contact Information:

Name: _____ Degree(s) you want listed after your name _____

Phone: _____ Pager/Cell: _____

E-mail: _____ Campus Zip: _____

Name: _____ Degree(s) you want listed after your name _____

Phone: _____ Pager/Cell: _____

E-mail: _____ Campus Zip: _____

3) Indicate the time slot(s) that your department is available to host a session

9:00–9:50 am 10:00–10:50 am 11:00–11:50 am 1:00–1:50 pm OTHER (specify) _____

4) Our department is willing to host more than one session. Yes No

If yes, please circle the number that indicates the total number of sessions you can host 2 3 4

5) Circle the maximum number of participants you can have in your session 3 4 5 6 other _____

6) Please, give your activity a "Title" _____

7) Please, provide a brief description of an interactive learning activity that you can plan for high school science teachers.
Keep in mind the 50-minute time slot.

Fax this completed form to **559-5050** or return via campus mail to **zip 6660** attn: "TC Workshop"

Deadline: Monday, August 31, 2009

Thank you in advance for your interest and assistance with this project!