

# RET DAYS

Robotics, Engineering,  
& Technology

## EXHIBITOR QUESTIONNAIRE

December 2–3, 2015

Please use this form to complete an application to present at RET Days on Wednesday, December 2, and Thursday, December 3, 2015.  
**Special addition:** Evening of December 3, 5:30–8:00pm. Open to the public.

### Contact information

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Country: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Are you able to commit to both day sessions December 2 and December 3?**

**It is preferred that all exhibitors be available both days.**

Yes No If no, then preferred date \_\_\_\_\_

**Which times will you be available to present? You may select one or both.**

Morning: 8:30am–12:30pm Afternoon: 11:00am–3:00pm

Evening: Dec. 3, 5:30–8:00pm

Are you able to participate and/or have a representative from your organization available for the evening session? Yes No

**Title of exhibit:** \_\_\_\_\_

**Brief description of exhibit and hands-on demonstration:**

**All exhibits should be more than 50% hands-on.**

**Presentation format (percent):**

\_\_\_\_\_ % interactive \_\_\_\_\_ % lecture

**Please check one box that best describes the topic relayed in your presentation:**

Robotics Engineering Technology STEM

Other, please specify \_\_\_\_\_

**Continued on back**

**Have you ever presented at RET Days in the past?**

Yes    No    If yes, which RET Days \_\_\_\_\_

**Would it be helpful to have a RET Days volunteer assist you in your presentation?**

Yes, all day    Yes, but just for setup    No, I am fine

**Please indicate your presentation equipment needs below. We will try to meet all requests, however, be prepared to provide your equipment and supplies. If there is something that you don't see listed below, please contact Valerie Corbett, Macomb Community College, 586.498.4002. Thank you!**

Tables

Electrical outlets

Water access

Slide projector with screen

LCD projector with screen

Screen only

TV / VCR / DVD combination

Other (please specify) \_\_\_\_\_

Other (please specify) \_\_\_\_\_

**Is anyone co-presenting with you?**

Yes    No

**Please submit by September 30, 2015. You will receive an email confirmation as an accepted exhibitor. Thank you for your participation.**

**QUESTIONS?**

Contact Valerie Corbett  
corbettv@macomb.edu  
586.498.4002