

# FLORIDA NAS SUMMIT



## WORKSHOP MONITOR

Each COE has taken responsibility for monitoring a Summit workshop and having a NAS Chapter president or other NAS member facilitate the workshop [introduce and thank the presenter(s)].

**(Please type or print all information)**

**Santa Fe College Center of Excellence**

**Workshop:** Grades 6-8

10:55 – 11:40 a.m.

Center Representative's Name:

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Center Representative's Name:

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## WORKSHOP FACILITATOR

Student's Name: \_\_\_\_\_

Does s/he hold an office in the Chapter?    ☐ Yes    ☐ No

If yes, what office? \_\_\_\_\_

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## OPENING CEREMONY *NAS Pledge*

Please list the information for your NAS President or a NAS officer who will participate in the Opening Ceremony in the capacity stated above.

**(Please type or print all information)**

**Santa Fe College Center of Excellence**

Student's Name: \_\_\_\_\_

Does s/he hold an office in the Chapter?    ☐ Yes    ☐ No

If yes, what office? \_\_\_\_\_