



Program Name: _____

Presentation Date(s): _____ Location: _____

Speaker(s): _____

Presentation Title: _____

Existing A-V Equipments

A Podium, microphone, LCD projector, Laser Pointer, Computer will be provided for all presenters. Please indicate any other needs

A-V Needs

Laptop Computer MAC Computer VHS Player DVD Player

Audio Internet Access FlipChart (Indicate # Needed):

Special Software – Please Specify:

Audience Response System – Specify respondents #

Additional Information: (Required for Planning)

Please check all that applies

- I will email my presentation before the presentation date
- I will bring my presentation on a memory stick/Jump drive
- I will bring my presentation on a CD ROM
- My presentation contains embedded video
- Other Needs:

Form Completed by: _____

Please return this form as soon as possible to:

Nicklaus Children's Hospital, Department of Medical Education, 3100 SW
62nd Avenue, Miami, FL 33131

Fax: (305)-669-6531. E-Mail: cme@Nicklaushealth.org

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Date received:

IT Dept Notified Date: