



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  
62<sup>nd</sup> Avenue, Miami, FL 33131

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

**FOR CME OFFICE USE ONLY**

Date received:

IT Dept Notified Date: