



INDIANA UNIVERSITY

DIVISION OF CONTINUING MEDICAL EDUCATION
School of Medicine

Name of Program: _____

Date of Program: _____

Speaker Audio/Visual Information

Name: _____

Date: _____ Time: _____

Presentation: _____

The following audio/visual equipment will be available for your presentation:

- Podium
- Podium Microphone
- Lavalier Microphone
- IBM compatible computer & Data Projector (NOTE: we can **not** provide MAC computer)
- _____

I plan to use the following for my presentation:

Power Point *

No a/v equipment needed

Other: _____

*More Power Point information.....

I will bring my presentation on:

CD (Recordable ONLY...**No RW**)

USB (Memory Stick) PREFERRED MEDIA

Please pre-load my presentation on to the computer. I have e-mailed my presentation to the meeting coordinator: _____
(NOTE: if presentation too large to e-mail, contact meeting coordinator)

I will bring my own IBM compatible laptop.

I will bring my own MAC laptop.

(NOTE: presenter must provide Dundle/VGA Connector Cable)

Please return by: _____ Fax number: 317-274-4638