

Audio Visual Request Form

767	sion Title:		
Speaker Name:			
Speaker Email:			
	a 6-foot head consistency of	table. The the room e worksho	n breakout rooms are set classroom style with a podium, riser and ese room set ups may not be altered in order to protect the set-ups. op rooms are set classroom style, unless you specifically request
	Alternate Se	t-up:	
ach (core conference	session b	oreakout room will be set with the following AV package:
:	Projection scre	en Advancei	(capable of handling resolutions up to 1024x768) r – USB connection
et-up	does not includ	le:	
>			bring your laptop computers and all of your own ouse and power cables for your laptop.
Additi	onal audio-visuo	al needs (s	subject to approval). Please mark the check box(es) below:
_ _	Computer aud Wi-Fi Connection Other:	on	und projection (please advise why this request is required for your session)
lease	e note:		
:	Set-up does no All presentation Workshop Prese	ot include ns must be enters: Wi	ment will be added to a session room on-site. personal supplies such as masking tape, highlighters, etc. e in a PPT or PDF format. reless Internet is available in the conference area, however, if extensive internet usage, please notify <u>James</u> with your specific

Date

Signature