



CINCINNATI CHILDREN'S HOSPITAL MEDICAL CENTER
Department of Continuing Medical Education

AUDIOVISUAL EQUIPMENT REQUIREMENTS

Program Name: _____
Presentation Date _____ Location: _____
Speaker(s): _____
Presentation Title: _____

EXISTING A/V

A podium microphone and laser pointer will be provided for all presenters. Please indicate any other needs below.

A/V Needs

LCD/Computer Projection: _____
PC Computer: _____
MAC Computer: _____
Software Needed: _____
VHS Player: _____ DVD Player: _____
Flipchart (please indicate number needed): _____

PRESENTATION

Please indicate all that apply to your presentation:

___ SOUND ___ EMBEDDED VIDEOS ___ INTERNET ACCESS

You are asked to bring a back-up copy of your presentation with you. Please indicate what backup program will be used.

___ CD ROM ___ 3 1/2" FLOPPY DISK ___ Vault Drive/Memory Stick

OTHER NEEDS:

Please return this form as soon as possible to:

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