

Presenter's Audiovisual Request Form

Program:

Date:

Location:

Presenter: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

AUDIOVISUAL NEEDS: (please specify below)

_____ Slide projector(s) (Single ____ or Dual ____ projection)

_____ Overhead and stand/extension cord

_____ Computer projection (for PowerPoint)

_____ VHS video player & monitor

_____ Wireless microphone (lavaliere ____ or handheld ____)

_____ Laser pointer

_____ Flipchart with markers

_____ MAC/PC 98/2000/XP

_____ CD/ZIP 100, 250, 750/ other format

_____ USB, Thumb Drive

_____ Internet connection, DSL

_____ Other _____

COMMENTS: _____

**Please mail or fax to:
The University of Texas Medical Branch
Office of Continuing Education
301 University Boulevard
Galveston, Texas 77555-0851
Phone (409) 772-9307; Fax (409) 772-9333**