UNIVERSITY OF NEBRASKA MEDICAL CENTER
COLLEGE OF NURSING
CONTINUING NURSING EDUCATION

AUDIO-VISUAL EQUIPMENT REQUEST FORM
HANDOUT DUPLICATION REQUEST FORM

Presentation Title:	**INSERT TITLE OF PRESENTATION**
Date & Time:	**INSERT DATE & TIME**
Presenter:	**INSERT NAME OF PRESENTER**

Please review the following and indicate your audio-visual needs relative to your upcoming presentation.

1. Audio-visual Needs (check all that apply):

_____ LCD Projector and Laptop computer (for PowerPoint slides) *

_____ Laser Pointer _____ Wireless Microphone

_____ No equipment needed – I will be using paper handouts

_____ Other: _____

Electronic presentations MUST be provided at 2 weeks in advance of program to ensure compatibility with conference computers and imaging equipment

My presentation will be provided on (check all that apply):

_____ Thumb Drive _____ CD-ROM

_____ Via E-Mail to ewahl@unmc.edu, or lanzai@unmc.edu

_____ Other: _____

2. Handout Duplication:

Please submit a 1-2 page content/topic outline of your presentation(s), as well as all handouts to be placed in participants' packets. **NOTE: HANDOUTS ARE NEEDED TWO WEEKS IN ADVANCE (PowerPoint slides, content outline, or other materials, etc.) via e-mail to ewahl@unmc.edu, or lanzai@unmc.edu.**

a) I will send my handouts via e-mail to ewahl@unmc.edu (check one). _____ Yes _____ No

b) I authorize the distribution and duplication of my PowerPoint slides and any other handouts to be given to participants' in hard copy (check one). _____ Yes _____ No

NOTE: If you plan to have an article as one of your handouts, you ***must*** submit proof of permission to reprint from the copyright holder. Permission(s) can be sent to Emily Wahl at ewahl@unmc.edu, or Lisa Anzai at lanzai@unmc.edu.

RETURN FORM to: Emily Wahl, UNMC College of Nursing – Continuing Nursing Education, 985330 Nebraska Medical Center, Omaha, NE, 68131, **e-mail to** ewahl@unmc.edu, **or fax to** Emily Wahl at 402-559-6379.

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