BY CLICKING HERE YOU WILL SUBMIT THIS FORM BY EMAIL. Please, remember to click send once the email appears.

AUDIO VISUAL NEEDS FOR APPE ANNUAL MEETING

Please, indicate below if there are no AV needs.

Name (Dr., Professor, Ms., e	etc.)			
Address				
City	State	Zip		
Telephone	Fax		E-mail	
Note: All presentation room	ms come with a sp	eaker's lectern an	nd lectern microphone.	
AUDIO VISUAL				
□ Nothing Needed				
□ PowerPoint Projector **la	aptop NOT includ	ed		
☐ Overhead Projector				
☐ Audio (speaker system)				
□ TV/VCR				
☐ Flip Chart				
\square DVD				
□ Other				
	No Changes to AV	requests accepted	<u>l after January 9, 2015</u>	
Program				
Title of Submission				
Co-author/panelist *My co-author(s) □ does or □ does	s not plan to attend the	Annual Meeting - name	e(s) of presenting co-authors:	
_				—
				—
I need special accommodation during the Annual Meeting – please explain				

Note: Any AV requests not given by the AV deadline of January 9, 2015 cannot be guaranteed. AV forms must be turned in prior to the deadline to secure the desired equipment. Changes/additions will not be accepted after the deadline nor on site (at the Annual Meeting.)