

THIS INFORMATION IS NECESSARY FOR CONTINUING EDUCATION ACCREDITATION FOR THE CONFERENCE. PLEASE RETURN THIS FORM BY **FRIDAY, JUNE 1, 2012.**

PRESENTATION INFORMATION FORM
MODERATORS DO NOT NEED TO COMPLETE THIS FORM

Presenter's Name & Credential(s):

Employer Name:

Number & Street, City, State, Zip:

Day Telephone:

Email Address:

Present Position (Title):

Planners: Describe your familiarity with the target audience:

Faculty/Presenters/Authors: Describe your expertise in this topic:

Title of Presentation:

Please provide a brief outline or statement describing the content of your presentation:

Please provide a statement explaining the objective of your presentation. Participants will learn to:

Equipment Required:

- | | | | |
|--------------------------|---|--------------------------|--------------------------------------|
| <input type="checkbox"/> | Overhead Projector | <input type="checkbox"/> | Lavalier Microphone |
| <input type="checkbox"/> | 35mm Slide Projector | <input type="checkbox"/> | Player/Recorder |
| <input type="checkbox"/> | LCD Projector for PowerPoint
(We ask that you bring your own laptop) | <input type="checkbox"/> | ½" VHS-VCR or DVD Player |
| <input type="checkbox"/> | Other | <input type="checkbox"/> | Laser Pointer |
| | | <input type="checkbox"/> | Unrestricted Modem Line for Internet |

Do you plan to utilize handouts?

Yes (Please e-mail your handout(s) as a Word or PowerPoint attachment by **Friday, June 1, 2012.**)

No

Do you need wheelchair assistance: Yes No

*E-mail to williamsh@sbwc.ga.gov