

AUDIO/VISUAL & ON-SITE ASSISTANCE
RETURN BY AUG. 1, 2003

_____ I have no Audio/Visual needs.

_____ I have the following AV needs* (conference coordinators will contact you if your requests cannot be accommodated):

- TV/VCR
- Screen (projection)
- Overhead Projector
- Flip Chart
- Other _____
- Other _____

**Please try to keep your AV needs to a minimum. If you are preparing a PowerPoint presentation, plan to furnish your own computer and projector.*

**Also note we are unable to offer Internet access in the individual presentation rooms.*

_____ I would like the session coordinator to assist me in the following ways:

Name: _____

Daytime telephone: _____

E-mail: _____

Title of Presentation: _____

Please complete and return by Aug. 1, 2003, to Connie Wanstreet, Conference Coordinator, The Ohio State University, Longaberger Alumni House, 2200 Olentangy River Road, Columbus, OH 43210-1035.