

# PRESENTER CHECKLIST

Presenter Name \_\_\_\_\_

Session Title \_\_\_\_\_

Session Date(s) \_\_\_\_\_

Session Location \_\_\_\_\_

## Please check required equipment:

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Podium                                  | <input type="checkbox"/> Projector         |
| <input checked="" type="checkbox"/> Podium microphone                       | <input type="checkbox"/> Screen            |
| <input type="checkbox"/> Wireless microphone                                | <input type="checkbox"/> Computer          |
| <input type="checkbox"/> Table for materials                                | <input type="checkbox"/> Bringing own      |
|   | <input type="checkbox"/> Need one provided |
| <input type="checkbox"/> Markers  |  |
| <input type="checkbox"/> Post-Its   |  |
| <input type="checkbox"/> Chart Paper  |  |
| <input type="checkbox"/> Sound from computer (for music, video clips, etc.) |  |
| <input type="checkbox"/> DVD, VHS <i>Please specify</i> _____               |  |
| <input type="checkbox"/> Other _____  |  |