

Presenter Request Form

In order to ensure that your presentation runs smoothly please complete and return to your Central R-3 contact person one week prior to your presentation date.

Date of Presentation: _____

Name of Presenter: _____

Name of Central R-3 Contact: _____

Purpose of Presentation: _____

Equipment Needed:

Projector

Laptop If yes check all that apply

DVD Drive (Must be original copy or DVD-R as DVD-RW format will not work on auditorium laptop.)

USB drive

CD drive (Must be original copy or CD-R as CD-RW format will not work on auditorium laptop.)

VCR

Microphone

Sound If yes please provide sound source

Sound from Laptop

Sound from DVD / VCR

Software If yes please provide software and version (Example: Microsoft PowerPoint version 2003. Word version 2007.)
