

CPMA Speaker Information Form

Name: _____ Email: _____

Address: _____

City/State/Zip: _____

Phone: _____ Cell: _____ Fax: _____

Sponsor: _____

<p>Audiovisual: (1 LCD projector, 1 laptop, wireless remote and microphone are provided)</p> <p>Speaker must provide lecture on CD or USB drive in MS PowerPoint, or provide software to CPMA 10 days prior to meeting. Which MS PowerPoint version <input type="checkbox"/> 2003 <input type="checkbox"/> 2007</p> <p>All lectures will be downloaded on conference laptop for viewing Contact CPMA with questions at (303)881-8837</p> <p>I will require the following audiovisual equipment:</p> <p><input type="checkbox"/> 8'-10' standard screen <input type="checkbox"/> overhead projector <input type="checkbox"/> dual screen <input type="checkbox"/> laser pointer</p> <p><input type="checkbox"/> other audiovisual (describe) _____</p>
--

<p>Handout Material: Handout material is recommended. All handout material for the CPMA to print and distribute at the Conference must be received by our office 1(one) month prior to meeting date.</p> <p>I, (check one) <input type="checkbox"/> will <input type="checkbox"/> will not have handout material for CPMA to print & transport to the meeting.</p>

<p>Hotel Arrangements:</p> <p><input type="checkbox"/> I will make my own hotel arrangements</p> <p><input type="checkbox"/> Sponsor will make my hotel/travel arrangements.</p> <p><input type="checkbox"/> Please make my hotel arrangements: Arriving: _____ Departing: _____</p> <p><input type="checkbox"/> Smoking <input type="checkbox"/> Non-smoking Bed type: _____</p>

Please enclose your most recent C.V. for our records, along with this form.

Social Security # or Tax I.D. # for 1099's: _____

I have been advised of the terms of my participation with the CPMA Conference and I understand that in the case of canceling, I will provide an alternate speaker in my place with the approval of CPMA.

Signature

Date

Please retain a copy of this information for your files and return the original to CPMA at:

Colorado Podiatric Medical Association
3080 S. Fulton Ct., Denver, CO 80231
Tel: (303)881-8837, Fax: (303)671-2796