



Speaker Checklist

YOUR CONTACT INFORMATION:

Name _____

Title _____

Company _____

Emergency Cell Number _____

YOUR PRESENTATION DETAILS:

Topic:

Engagement Date:

Session Start Time: End Time

Presentation Description: _____

YOUR AUDIO/VISUAL EQUIPMENT NEEDS:

What AV requirements will you need? _____

Do you require an AV check prior to the presentation? _____

If so, how much time will you require? _____

Handouts:

- No handouts
- I will email or mail a copy of the master handout 2 weeks before the event. Client will make copies for each participant.
- I will bring copies of my handout for distribution to attendees
- Please email your **photo** in jpeg format when you return checklist
- Please email you **introduction** when you return checklist

Do you allow **Video taping/recording** for internal archival purposes only?

Yes No Other _____

HOTEL Requirements:

Type of Room: Double Beds King

Smoking/Non Smoking: _____

Other requirements: _____

GROUND Transportation:

Do you require private ground transportation? _____

If possible, do you prefer:

Taxi Rental car Shuttle Client pick up

Air Travel Arrangements: * Please email me your travel arrangements at your earliest convenience.

Address to Mail Check: _____

Social Security number:

(If you would like your check to be made out to you personally)

Please return to by _____
901.754.9404 Office 901.756.4237 Fax