

AUDIOVISUAL COMMUNICATION TECHNOLOGY

Southport, QLD 4215 AUSTRALIA PH: 1300 76 77 55 PH: +61 (0)7 5597 4311 FAX: +61 (0)7 5597 4322

AUDIO VISUAL REQUEST FORM

Each room will have the standard audiovisual equipment including:

- Lectern
- Lectern microphones
- Screen
- Data Projector
- Notebook computer – CD drive, floppy drive, PowerPoint 2000 (win 98)
- Infra red cordless mouse control
- Radio Microphone Handheld
- Radio Microphone Lapel

* Please see your Chairperson during the break prior to the commencement of your session to copy your file onto the computer in your allocated room.

Please complete the following form to indicate your projection needs and return this to the congress secretariat by:

DATE: _____

A **Speaker Rehearsal Room** will be provided with the following equipment:

- Lectern
- Screen
- Data Projector
- Notebook computer – CD drive, floppy drive, zip drive, CD Burner, PowerPoint 2000 (win98)
- Internet Facilities

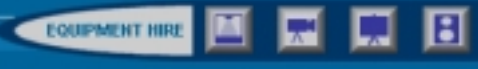
* Technicians on call in this room as requested

THE ROOM IS OPEN AS FOLLOWS

Monday:	_____
Tuesday:	_____
Wednesday:	_____
Thursday:	_____
Friday:	_____
Saturday:	_____
Sunday:	_____

PRESENTATION TIPS

- Please use standard fonts such as Arial
- Please ensure font colour is in sharp contrast to the background colour
- If using PowerPoint, please avoid using the automatic timer feature
- Avoid putting more on a visual than is absolutely necessary- the best visuals are those that are not quite complete and rely on the presenter to complete the picture
- Avoid the use of UPPER CASE letters, as they are hard to read
- If using a computer be aware that transitions from one image to another, particularly if they contain photographic images, will slow down your computer
- Please keep to the time limit for your presentation, as indicated on the attached confirmation letter
- It is very important that you check your presentation on the laptop in the Speakers Rehearsal Room the day prior to your presentation.



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AUDIO VISUAL REQUEST FORM

I require the following audiovisual for my presentation:

AUDIOVISUAL REQUIREMENTS

Speaker Name:	_____
Paper Name:	_____
Paper Number:	_____
Session Name:	_____
Room:	_____
Date of Presentation:	_____
Time of Presentation:	_____
Email:	_____

It is strongly recommended that you bring a backup copy of your presentation
PLEASE SPECIFY BELOW IF YOU REQUIRE ANY OTHER EQUIPMENT

EQUIPMENT REQUIREMENTS (please specify quantity)

OVERHEAD PROJECTOR:	_____
ELECTRONIC WHITEBOARD:	_____
FLIPCHART (and pens):	_____
SLIDE PROJECTOR:	_____
SLIDE CAROUSELS:	_____
CD PLAYER:	_____
TAPE PLAYER:	_____
VIDEO RECORDER:	_____
DVD PLAYER:	_____
TV (51cm, 68cm, other):	_____
WHITEBOARD:	_____
LASER POINTER:	_____
*A COMPUTER THAT REQUIRES SOUND and VISION:	_____