

CAOS-International 2004 Conference

SPEAKER BIO DATA FORM

REFERENCE #

PLEASE TYPE IN THE FOLLOWING INFORMATION:

(This information will be used to introduce you before your presentation begins)

FULL NAME: _____

PHONETIC SPELLING OF NAME: _____

TITLE: _____

COMPANY: _____

PAST AFFILIATIONS: _____

OCCUPATION: _____

CITY, STATE: _____

EDUCATION:

	<u>Institution</u>	<u>Degree/Year</u>	<u>Scientific Field</u>
--	--------------------	--------------------	-------------------------

1.			
----	--	--	--

2.			
----	--	--	--

3.			
----	--	--	--

4.			
----	--	--	--

HONORS

MAJOR PROFESSIONAL AREAS OF INTEREST

Please return this form by **May 10, 2004** by return e-mail (sgalloway@pmmiconferences.com)

or

fax to 1-330-757-3598 (you do not need a fax cover sheet)

CAOS-International 2004 Conference

AUDIOVISUAL

REFERENCE #

Please return this form by: **May 10, 2004**

Please return to: **Shirley Galloway**
FAX: 1-330-757-3598
E-Mail: sgalloway@pmmiconferences.com

PLEASE TYPE

Paper Reference Number: _____

Presenter's Name: _____

Presentation Title: _____

Presentation Date and Time: _____

For your use the following Audiovisual Equipment will be in the session room:

X **LCD projector only (you will bring own computer)**
Please remember to bring a back-up CD of your presentation. Refer to the presentation instructions.

1. Is your computer a MAC _____ or a PC _____?
2. Does your presentation have embedded video? ___ yes ___ no
3. Does your presentation have audio? ___ yes ___ no

X **Light pointer**

X **Microphone**

Additional Audio Visual needs:

_____ **PC Computer with CD ROM**
Presentations MUST be created in Windows PowerPoint 2002 if you choose this option. We encourage you to provide your own laptop.

1. Was your presentation created using a MAC? ___ yes ___ no
2. Does your presentation have embedded video? ___ yes ___ no
3. Does your presentation have audio? ___ yes ___ no

_____ **Other (Please be specific)** _____