



THIS FORM IS DUE OCTOBER 30
COMPLETE THIS FORM ONLINE! Visit www.ilparksconference.com

IAPD/IPRA Soaring to New Heights Conference
AUDIO-VISUAL/ROOM SET-UP NEEDS

SESSION #: _____ SESSION TITLE: _____
SECTION: _____ SESSION CHAIR: _____ PHONE: _____
DAY: Thursday Friday Saturday TIME: _____ ROOM: _____

AUDIO-VISUAL

Please check **only** the equipment **that you know** will be used in the session. **Do not** request equipment that will not be used. **Costs for audio-visual equipment received after the October 30th deadline will not be the responsibility of IAPD/IPRA.** These late requests (or requests made onsite) are the responsibility of sponsoring section, session chair, or the speaker. Prior to the conference, if you become aware that requested equipment will not be needed, please notify Dina Kartch at IPRA (630-376-1911 x200) **immediately**.

PLEASE CHECK ALL THAT APPLY:

- 35mm Slide Projector, Screen, AV Table (\$325)
- Overhead Projector, Screen, AV Table (\$275)
- Flip Chart and Markers (\$75)
- 42" Plasma TV/VCR (\$400)
- LCD Package (\$1000)
- Wired Lavalier Microphone (\$75)
- Podium Microphone (\$75)
- Other _____

Please be aware of the cost of AV equipment when making your request and do not request anything you will not definitely use.

PLEASE NOTE:

- There will be no laptops available to use onsite. The speaker or session chair must provide the laptop.
- Internet connection is **not** available.
- One microphone will be included in each room that seats 65 or more people (based on room size).
- Wireless microphones are **not** available.
- Multiple microphones are **not** available.

ROOM SET-UP

PLEASE COMPLETE:

Number of people at the head table _____
(Maximum of 5)

Do you want a podium? Yes No

Special Room Set-Up Request (if any): _____

PLEASE NOTE:

- Room sets will be theater or classroom style and based on the estimated attendance of the session.

ATTENTION SESSION CHAIRS:

Please be sure to provide enough handouts for your session. Costs for photocopying onsite will be the responsibility of the sponsoring section, session chair, or the speaker.

PLEASE RETURN TOP TWO COPIES TO SECTION CHAIR: Name: _____
Address: _____
City/State/Zip: _____