



**AUDIO VISUAL REQUEST/BIOGRAPHICAL SKETCH FORM**  
**32nd Academy Annual Meeting & Scientific Symposium**  
**March 1-4, 2006**  
**Hyatt Regency Chicago**  
**Chicago, IL**

Name \_\_\_\_\_  
Last First Middle Initial CO/CP/CPO/FAAOP/MD

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Title of Presentation \_\_\_\_\_

Date and Time of Presentation \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

I do not require any audio/visual equipment for my presentation

I plan on using the following A/V equipment (to be provided by the Academy):

Laptop Computer     Laser Pointer     Lavalier Microphone     Data Projector

Other \_\_\_\_\_

**Biographical Sketch** (3-5 lines)

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Forms must be returned by **December 30, 2005** to  
American Academy of Orthotists and Prosthetists  
Meetings Department  
526 King Street, Suite 201  
Alexandria, VA 22314  
Fax (703) 836-0737