



AUDIO VISUAL REQUEST/BIOGRAPHICAL SKETCH FORM
34th Academy Annual Meeting & Scientific Symposium
February 27-March 1, 2008
Orlando, FL

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)

Forms must be returned by **December 31, 2007** to
American Academy of Orthotists and Prosthetists
Attn: Matt Beierschmitt
526 King Street, Suite 201
Alexandria, VA 22314
Fax (703) 836-0737