

**UC DAVIS HEALTH SYSTEM, CONTINUING MEDICAL EDUCATION
REGULARLY SCHEDULED CONFERENCE (GRAND ROUNDS) SPEAKER INFORMATION SHEET**

Speaker: _____ Course Title: _____

Date: _____ Time: _____ Location: _____

Please provide the following information regarding your presentation:

AUDIO-VISUAL EQUIPMENT NEEDS:

Please check all equipment needed:

- Power Point Computerized Slide Presentation
Version 2003 on PC's
- Laptop and LCD Projector
- Laser Pointer
- Overhead Projector
- Whiteboard, pens & eraser
- Single Slide Projection
- Other _____

- NONE

PRESENTATION/HANDOUT:

- I have included my syllabus contribution.

CURRICULUM VITAE (CV) UCD staff do not need CV

- I have included my current CV
- I have already sent my current CV

DISCLOSURE STATEMENT: (Form Attached)

- I have included my Full Disclosure Declaration

AND

- I will have a disclose slide in my presentation

AND

- I will verbally disclose at the podium at the beginning of my presentation

SPEAKER RELEASE FORM

(only needed if event is filmed)

- I have included my Speaker Release Form

Title of presentation: _____

Professional title of speaker: _____

Course objectives (at least 3 objectives per hour of presentation):

1. _____
2. _____
3. _____

Teaching methods: (check all that apply)

didactic lecture discussion workshop case presentations demonstration other

Brief summary of content: _____

Phone: _____ FAX: _____

e-mail address: _____

Mailing address: _____

RETURN THIS FORM TO: