



# Arrowhead EMS Conference & Expo

## PRESENTATION INFORMATION FORM

Date: \_\_\_\_\_

Please complete one form for each presentation and submit with Presenter Application.  
INCOMPLETE FORMS WILL NOT BE CONSIDERED

Presenter Name: (REQUIRED) \_\_\_\_\_

Presentation Title: (REQUIRED) \_\_\_\_\_

Presentation Phrase (3-5 words): (REQUIRED) \_\_\_\_\_

Presentation Description: (REQUIRED)

Presentation Objectives: (REQUIRED)

1.

  

2.

  

3.

### Audio Visual Equipment:

All presentation rooms will be provided with:

- LCD Projector
- Screen
- Lavalier microphone
- Lap-top Computer

Additional needs:

- AV Equipment: \_\_\_\_\_
- Other: \_\_\_\_\_

For more information contact Sarah:

- 218-726-0070
- sarah@arrowheadems.com

### Target Audience (check all that apply): (REQUIRED)

- Emergency Medical Responder
- EMT-Basic
- EMT-Advanced
- Nursing
- Law Enforcement
- Medical Director
- Educators
- Management
- Other: \_\_\_\_\_