



Arrowhead EMS Conference & Expo

PRESENTATION INFORMATION FORM

Date: _____

*Please complete one form for each presentation
and submit with Presenter Application.*

Presenter Name: _____

Presentation Title: _____

Presentation Phrase (3-5 words): _____

Presentation Description:

Presentation Objectives:

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 Brenda Monahan:

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- brenda@arrowheadems.com

Target Audience (check all that apply):

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