



BRIDGEPORT HOSPITAL  
YALE NEW HAVEN HEALTH

## CME Speaker Information Form

Event:

Date:

Presentation Title:

### Speaker Contact Information:

Name and Degree:		
Institution/Organization and Title:		
Email address:		Cell:
Phone:	Fax:	Pager:

### Please attach:

- Presentation (outline or complete presentation)
- Three Objectives (the learner must be informed of the program objectives *before* participating in the activity)
- Curriculum Vitae (to help introduce you to the audience)
- Post Questions (if applicable)
- [Disclosure Statement](#)

### Multimedia Needs:

- I do NOT require multimedia equipment
- I require multimedia equipment
- I will allow my presentation to be digitally recorded for future educational use

### Computer:

- PC Laptop
- Computer Technical Support Personnel (specify needs):
- Internet access

### Other:

- Laser Pointer
- Overhead projector
- Other equipment: