

**FACULTY DATA SHEET**

**(Local Speaker)**



**Activity:** **Date:**

**Location:**

**Name:** **SS#:**

**Address:**

**Phone #:** ( ) **Fax#:** ( ) **E-mail:**

**==========================================================================**

**Audiovisual Needs:** Please check the equipment you will need for your presentation:

Power Point Projector \_\_\_\_ Wireless Microphone \_\_\_\_

Computer \_\_\_\_ Overhead Projector \_\_\_\_

Slide Projector \_\_\_\_

Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**==========================================================================**

**Specific objectives of your presentation:**

**DO NOT USE TERMS SUCH AS: *(understand, appreciate, believe, know, learn, perceived or have faith in)* unless there is a pre and/or post test**

1.

2.

3.

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**Special Instructions:**

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**Carilion Clinic Continuing Medical Education**

**213 S. Jefferson Street, Ste. 615**

**Roanoke, VA 24014**

**Tele: 540-224-5417 Fax: 540-224-5786**

**Email: ­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Revised 12/23/19

**FACULTY DATA SHEET**

**(Out of town Speaker)**





**Activity:** **Date:**

**Location:**

**Name:** **SS#:**

**Address:**

**Phone #:** ( ) **Fax#:** ( ) **E-mail:**

**Arrival Date/Time:** **Departure Date/Time:**

If you need flight arrangements you may contact Carilion Travel Services at 540-983-4124, they will help with your travel plans and the charges will be billed to the CME office.

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