



## AUDIO VISUAL REQUEST FORM

Name/Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-Mail: \_\_\_\_\_

Paper Title: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Audio-Visual Equipment Information (Check all that apply):

- |  |   |
|--|---|
| <input type="checkbox"/> LCD Unit ( <b>Power Point</b> )** | <input type="checkbox"/> Screen             |
| <input type="checkbox"/> Overhead Transparency Projector   | <input type="checkbox"/> VCR Player         |
| <input type="checkbox"/> Flip Chart                        | <input type="checkbox"/> Electronic Pointer |
| <input type="checkbox"/> 35MM Kodak Slide Projector        |   |
| <input type="checkbox"/> Other (Please Specify) _____      |   |

*All rooms will be fitted with a standard microphone.*

**\*\*You must be able to supply your own laptop computer. Please notify us if you are using a later model of Macintosh.**

Audio-Visual information **MUST** be received by **April 10, 2009**. After that date, we will not be responsible if equipment is not available. Thank you for your cooperation.

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