



**Department of Continuing Medical Education
SPEAKER CONFIRMATION FORM**
Please Complete and Return

PRESENTATION TITLE	” _____ ”
LEARNING OBJECTIVES	<p>At the conclusion of this presentation, attendees are expected to:</p> <p>1. _____</p> <p>_____</p> <p>2. _____</p> <p>_____</p> <p>3. _____</p> <p>_____</p>
(LIVE) PRESENTATION ADDITIONAL AUDIOVISUAL NEEDS	<p>Check all that applies:</p> <p><input type="checkbox"/> Audio <input type="checkbox"/> VCR <input type="checkbox"/> Flip Chart <input type="checkbox"/> Audience Response System</p> <p><input type="checkbox"/> Internet Access <input type="checkbox"/> Other _____</p>
(VIRTUAL) PRESENTATION ADDITIONAL NEEDS	<p>Check all that applies:</p> <p><input type="checkbox"/> Polling (via Zoom) <input type="checkbox"/> Break Out Rooms (via Zoom)</p> <p><input type="checkbox"/> Other _____</p>

I will speak at the Nicklaus Children’s Hospital Pediatric Grand Round on:

Date: _____

I will submit my PowerPoint slides **72 HOURS BEFORE MY SESSION** and complete the required forms via the iLearnPeds.com platform.

Signature

Date