

165th Annual Convention
March 31-April 2, 2023
Westin Crown Center
Kansas City, Missouri

Audio/Visual Needs*

1. Name of Group: _____ Date: _____
(Last Date Updated)

2. Please complete the following for each scientific program speaker.
*All audio/visual fees will be paid by the sponsoring specialty. Please see the attached price list.
I have no AV needs I have the following AV needs

Note: Laptop computers must be requested; they are not included in the LCD packages.

Date: _____ Time: _____

| Equipment Needed | How Many? | Equipment Needed | How Many? |
|------------------|-----------|------------------|-----------|
| | | | |
| | | | |
| | | | |

Date: _____ Time: _____

| Equipment Needed | How Many? | Equipment Needed | How Many? |
|------------------|-----------|------------------|-----------|
| | | | |
| | | | |
| | | | |

Date: _____ Time: _____

| Equipment Needed | How Many? | Equipment Needed | How Many? |
|------------------|-----------|------------------|-----------|
| | | | |
| | | | |
| | | | |

3. Program Chair Name: _____

Address: _____

Telephone Number: _____ Fax Number: _____

Form Completed By: _____

E-Mail Address: _____

Return form to:
Missouri State Medical Association
113 Madison Street, P.O. Box 1028
Jefferson City, Missouri 65102
Phone: 573-636-5151 Fax 573-636-8552
E-mail: bstennis@msma.org