

Dental Forum of Milwaukee
Letter of Acknowledgment

Presenter: _____

Topic: _____

Date/Time: _____

Honorarium: _____

Location: _____

Contact: _____

Audio Visual Needs

Data Projector: Type: _____

Lectern: Type: _____

Special Screen Needs: Type: _____

Microphone Requests: Type: _____

Laser Pointer: Type: _____

Affidavit of Image Authenticity

I hereby attest to the authenticity of photographic images presented in this program and warrant that the images have not been falsified or modified in any manner to misrepresent the outcome of treatment.

Signature: _____ Date: _____