The Medical Interactive Video Consortium was formed to promote the production and use of interactive video materials in medical education. There are three categories of membership:

INSTITUTIONS. Any institution engaged in the training of physicians or medical students (medical schools, teaching hospitals, and government agencies engaged in physician training) may become a member. Each member institution will designate one individual as its representative. The representative of a member institution may cast one vote at consortium business meetings. Individuals associated with a member institution will receive the various benefits of membership of their institution.

ASSOCIATE MEMBERS. Individuals associated with medical education. Associate members may attend the annual meeting and receive benefits of membership, but cannot vote.

SUSTAINING MEMBERS. Organizations associated with medical education. Sustaining members may attend the annual meeting and receive benefits of membership, but cannot vote. Any individual associated with a sustaining-member organization may receive benefits of the organization's membership.

NAME

ORGANIZATION

ADDRESS

CITY/STATE/ZIP

PHONE(S) ___________________________ BITNET ___________________________

MEMBERSHIP CATEGORY:

*INSTITUTIONAL MEMBER $150.00

ASSOCIATE MEMBER $50.00

SUSTAINING MEMBER $750.00

* Named individual will be the representative of the organization

Make Checks or purchase orders out to MIVC

Return form and payment to: Joe Henderson, MD
Uniformed Services University
4301 Jones Bridge Rd
Bethesda, MD 20814-4799
An Invitation to Attend

Interactive Videodiscs in Education

A Workshop

- Project Proposals and Design
- Authoring Systems
- Evaluation
- Production
- Software
- Hardware

Format:
A series of speakers addressing specific practical issues will be supplemented with discussion. A series of brief morning presentations on software and hardware will be followed by afternoon sessions with demonstrations and an opportunity for in-depth exploration of each system with an expert.

For:
- Anyone interested in new instructional technologies
- Educators, administrators and media specialists
- Videodisc production or repurposing videodiscs
- Equipment selection for utilization
- Developing a shared videodisc or CD-Rom consortium

Tuesday and Wednesday
June 21 - 22, 1988
Salt Lake City, Utah
University of Utah Health Sciences Center
(801) 581-8851
University Park Hotel (801) 581-1000
Day 1

Tuesday, June 21, 1988

8:30 Registration
8:45 Project Proposal and Design
"Design Based on Content Analysis"
"Scripting for Videodiscs"
"Guidelines for Story-Boarding"
"Electronic Books and Dynamic Documents"

10:15 Coffee Break

10:30 Authoring Systems
"What is an Authoring System? Criteria for Evaluation of Authoring Systems"
A "Meet the Experts Session"

12:15 Lunch

1:00-3:00 Authoring Systems - Project Demonstrations

2:30-3:00 Refreshments

3:00 Courseware Evaluation
"How to Handle the Variables"
"Evaluation Instruments for Laboratory Courses"
"Review of the Published Literature on Videodisc Evaluation"

5:00 Adjourn

Optional evening activity:
Scandinavian Midsummer’s Eve
In the Wasatch Mountains.
Ride on the Tram to Hidden Peak (11,000 ft.) at Snowbird Ski Resort followed by cocktails and dinner. (You must preregister for this event.) Tickets for Tram and dinner are not included in registration fee. Transportation provided. (Cost: $40 per person)

Day 2

Wednesday, June 22, 1988

8:30 Production of Videodiscs
"Various Methods of Producing Your Premaster Tape"

9:00 Panel:
Experiences with Production of Generic Videodiscs: premasters from film, from the microscope, from the microscope onto a WORM optical disc recorder

9:30 Database Management for disc production and rapid index retrieval

10:00 Coffee Break

10:15 "State-of-the-Art Graphics for Your Premaster Tape"
"Discussion of Various Techniques of Mastering Your Premaster Tape"

Noon Lunch

1:00 Hardware: Cost, Compatibility, and Configuration to Fit Your Instructional Design.
A "Meet the Experts Session"
Brief presentations followed by afternoon hands-on demonstrations. Topics: One vs. two screen presentations, IBM InfoWindow, graphics overlay, WORMS, disc players, monitors, videodisc mastering, compressed audio, digital dumps, CD-ROM, local area networks, studio equipment.

2:30 Refreshments

2:30-4:00 Hardware Demonstrations

4:00 Future Directions
"The Design Team or Don’t Do It Alone!"
"CD-I, VD-I, CD-V: I am Afraid of Obsolescence or Incompatibility - Are My Fears Justified?"

5:00 Adjourn

CONFERENCE REGISTRATION

Name: ____________________________
Address: ____________________________
City/State/Zip: ____________________________
Phone: __________ (wk) ________ (hm)
Dept/School/Business ____________________________

List two major things you want to see covered or demonstrated: ____________________________
Your experience with producing or using videodiscs: ____________________________

If you wish to demonstrate something you need to bring your own equipment. A hand controlled VD player and videotape player are available. We need to know of your intentions. YES, I wish to use: ____________________________

Are you planning to attend the Group for Research in Pathology Education Meeting (June 23-25, 1988) in Salt Lake City? YES NO

REGISTRATION FEE: ALL FEES MUST BE ENCLOSED
(Includes two lunches, 4 breaks)
$30 FEE for students, medical residents, interns
$55 FEE before June 1, 1988
$60 FEE after June 1, 1988
Enclosed @ $40 each is check for the Midsummer’s Eve Celebration

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Make checks payable to Workshop Coordinator:
Suzanne S. Stensaas, PhD, Dept. of Pathology, University of Utah Medical Center, 50 N. Medical Dr., Salt Lake City, Utah 84132 (801/581-8851)

HOTEL REGISTRATION
Interactive Videodisc Workshop
June 21-22, 1988

Mail this form to: University Park Hotel
480 Wakara Way
Salt Lake City, Utah 84108-9901
801-581-1000; 800-637-4390 (toll free)

Conference hotel rate: $55 per night plus tax for one or two persons. Free airport and University transportation.

Please reserve accommodations for:
Name: ____________________________
Address: ____________________________
City/State/Zip: ____________________________
Phone: __________ (wk) ________ (hm)
Dept/School/Business ____________________________

No. of persons in room: ____________________________
Arrival date: __________ (time)
Departure date: __________ (time)
Length of stay: __________ nights

To guarantee your reservation for arrival after 6:00 pm, a one night deposit or credit card is required. One night deposits please make check or money order payable to University Park Hotel. For credit card guarantee, please complete the following:

Credit card name: ____________________________
Name embossed on card: ____________________________

Card No. ____________________________
Exp. ______________