



Media Services AUDIO-VISUAL EQUIPMENT REQUEST

Name _____ Office _____

Department _____ Ext. _____

Date _____ Contact Phone (Day) _____

Check the appropriate equipment and indicate the dates, times and locations of its use. Use separate forms if necessary. As video equipment is in high demand, early signup is recommended so that we can accommodate as many requests as possible.

THESE FORMS SHOULD REACH THE MEDIA CENTER 48 HOURS IN ADVANCE TO PROVIDE ADEQUATE STAFF AND EQUIPMENT SCHEDULING TIME.

- | | |
|---|---|
| <input type="checkbox"/> 16 mm film projector
<input type="checkbox"/> Overhead (transparencies)
<input type="checkbox"/> Slide projector (35 mm)
<input type="checkbox"/> Record Player
<input type="checkbox"/> Cassette Recorder
<input type="checkbox"/> Flipchart (w/pad & pens)
<input type="checkbox"/> Silver easel stand
<input type="checkbox"/> ½" VHS Videocassette Recorder
<small>(standard home equipment)</small> | <input type="checkbox"/> Microphone (house sound system)
<input type="checkbox"/> Camcorder (standard VHS)
<input type="checkbox"/> CD Boombox
<input type="checkbox"/> Laptop
<input type="checkbox"/> Data Projector
<input type="checkbox"/> Digital Camera
<input type="checkbox"/> Other _____
<input type="checkbox"/> Other _____ |
|---|---|

DATES NEEDED	DELIVERY LOCATION	PICKUP LOCATION	TIMES

Special Instructions:
