SUBMIT A SEPARATE EQUIPMENT REQUEST FORM FOR EACH DATE AND LOCATION NEEDED. FORMS MUST BE RECEIVED IN THE MEDIA SERVICES OFFICE, T-124, AT LEAST 2 WORKING DAYS IN ADVANCE OF DATE DESIRED.

Contact Person: ___________________ Dept./Affiliation: ___________________ Phone/Ext. ___________________

Email: __________________________ Name of Event: __________________________

Day Desired: ___________________ Date Desired: ___________________ Today’s Date: ___________________

Room: __________________________ Actual Starting Time: ________ AM/PM Completion Time: ________ AM/PM

- DVD/VHS VCR/TV Playback
- Data Projector (for laptop/PowerPoint)
  - No audio required for presentation
  - Presentation WITH AUDIO
    - *NOTE: users must provide their own laptop
- Slide Projector w/Remote Control
  - Remote Control Extension Cord _______ ft. required
- Overhead Projector (for transparencies)
- Cassette Player/Recorder
- CD Player (boom-box)  
- 72” x 72” Tripod Projection Screen 
- Electrical Extension Cord _______ ft. required
- Operator
  - Time: From: ________ AM/PM
  - Until: ________ AM/PM

- Lectern Light
- House Sound – M218, M336 (circle one)
- House Sound – Cafeteria
- House Sound – UTLC Gallery
- Lear Auditorium – T429
  - *Laptop Presentation, without audio
  - *Laptop Presentation, with audio
  - Single Slide Projector Presentation
  - Dual Slide Projector Presentation
  - VHS Videotape Playback
  - CD/DVD Playback (stand alone unit on cart)
  - *CD/DVD Playback (via user’s own laptop)
  - Microphone on Lectern
    - *NOTE: user must provide their own laptop

- Microphones
  - On Floor Stand @ Lectern
  - Table Mic
  - Lavaliere

*NOTE: A-200 arrangements should be made with College of Architecture

Other:
________________________________________
________________________________________
________________________________________
________________________________________

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Mail
Office
Fax

Date Rec’d: __________________________ Comments: __________________________

Time: ________________ AM / PM

Set-Up: ________ Return ________