

## **Audio Visual Equipment Request Form**

*Please complete this form and return a copy to the A-V mailbox.*

Name: \_\_\_\_\_  
Extension: \_\_\_\_\_  
Room: \_\_\_\_\_

Date Requested: \_\_\_\_\_  
Date Needed: \_\_\_\_\_  
Time Needed: From: \_\_\_\_\_ To: \_\_\_\_\_

### **Film Projector**

Screen \_\_\_\_\_

### **Record Player**

\_\_\_\_\_

### **Microphone**

Lapel \_\_\_\_\_  
Table \_\_\_\_\_  
Handheld \_\_\_\_\_  
For Podium \_\_\_\_\_  
Portable \_\_\_\_\_

### **TV/ VCR**

\_\_\_\_\_

### **TV/ Laser Disk Player**

\_\_\_\_\_

### **Overhead Projector**

Screen \_\_\_\_\_

### **Workstation**

\_\_\_\_\_

### **Slide Projector**

Cart \_\_\_\_\_  
Remote \_\_\_\_\_  
Carousel \_\_\_\_\_

### **Video Camera**

Large \_\_\_\_\_  
Palm corder \_\_\_\_\_  
Videotape \_\_\_\_\_  
Screen \_\_\_\_\_

**Other Request** (please specify) \_\_\_\_\_

### **For Audio/ Visual Department Use Only:**

Date Received: \_\_\_\_\_  
Date Processed: \_\_\_\_\_  
Barcode # \_\_\_\_\_  
Serial # \_\_\_\_\_