

# Request for Audiovisual/Data Support Services

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**First Name:**

**Last Name:**

**Email Address:**

**Course Coordinator's Last Name** (if different):

Start Date	End Date*	Start Time	End Time
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Days of the Week*</b> (if applicable)	Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday <input type="checkbox"/>		
<b>Room No.</b>	<input type="text"/>	<b>Course No.</b>	<input type="text"/> Other: <input type="text"/>

**\*Please specify start date, end date & specific days of the week for multi-day requests.**

	Equipment Type	Specify	Other
1	Audio	Play** <input type="checkbox"/> Record*** <input type="checkbox"/>	
2	Computer Projection	PowerPoint <input type="radio"/> Other (Explain) <input type="radio"/>	
3	Projector	Elmo <input type="radio"/> Overhead <input type="radio"/> Slide <input type="radio"/>	
4	Microphone	Regular <input type="radio"/> Lapel <input type="radio"/> Both <input type="radio"/>	
5	Video Showing**	Monitor <input type="radio"/> Projector <input type="radio"/>	
6	Video Recording***	VHS <input type="radio"/> ProSVHS <input type="radio"/> No VHS <input type="radio"/> WebCast <input type="checkbox"/> CD Archive <input type="checkbox"/>	

\*\* If showing an audio/videotape from the IMC library, please indicate title and catalog number.

\*\*\* Audio/video recording of guest speakers requires a release form from the IMC.

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**Other Services:**

Make Slides  Take Photographs  Create Graphics  Videotape Editing

**Computer Lab Reservation:** Lab #317  Lab #321

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**Notes/Comments** (Please Explain):

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**NOTE:** Due to limited resources, requests are handled on a first-come, first-serve basis. Audio/video recording of guest speakers requires a release form.