

Classroom Services Request Form

ONE ACTIVITY PER REQUEST FORM

(Use as 1st page only)

_____ Room &/or Media Request _____ Media ONLY Request _____ Media for previously scheduled activities

Mail to Box 14, or Fax to 270-7471 Today's Date: _____

Name of Contact Person: _____

Phone #: _____ Room #: _____ HSCB Box # _____ Fax: _____

College/Division: _____ Department: _____

Name of Actual Room User: _____ Phone #: _____

Name of Activity: _____

Date	Prep Time	Start Time-End Time	Cleanup Time ¹	# of Attendees	Food (Y/N)	Media (#below)	Room Location to deliver A/V
Example 9/28/01	3:45	4:00PM-6:00pm	6:15pm	45	N	1 ,3, 12	

¹ Prep and clean time will not appear on confirmation

² When requesting equipment only please give the *room #* and *room name* (i.e.: Pres. Boardroom, Psychiatry Conf Room).

For the items listed below, please provide the quantity needed.

1. Slide Projector ___ 2. Microphone ___ 3. Overhead Projector ___ 4. Projection Screen ___ 5. Audicassette Player ___
 6. TV/VCR a. VHS ___ b. 3/4" ___ 7. Video Projection a. VHS ___ b. 3/4" ___ 8. Document Camera (Elmo) ___
 9. View Box ___ 10. Computer Projection ___ 11. DVD Player ___ 12. Technical Assistance (be specific) _____
 13. Other: _____

Event # _____ Rec'd _____ Input _____ Confirmed _____ (A/V) _____

Every effort will be extended to provide space and media for the requested date and time. Curricular activities for scheduled classes and exams have first priority for room requests. You will be notified in writing with a confirmed room reservation.