

Special Event Technology Request Form

Distance Education & Learning Technologies for Academics

Phone: (936) 294-2779 Fax: (936) 294-2776 Office: KIR 144

(Office Use Only)	
Date Received:	_____
Log Number:	_____
Logged by:	_____

To help ensure that your department/organization will have a successful presentation or special event, you must complete this form with all applicable information 2 weeks prior to the event. Distance Education & Learning Technologies for Academics cannot guarantee success with technology without ample time to update our schedule or provide proper staffing.

All Contact Information must be completed before approval for request can be granted

Contact Information	Name of SHSU Faculty/Staff Requesting Services: _____
	Department: _____ Phone: _____ Email: _____
	Name of Organization(s) Requesting Services: _____
	Please Select One: <input type="checkbox"/> SHSU Organization/Office <input type="checkbox"/> Off Campus Organization/Office
	Direct Contact Name: _____ Office Location: _____
	Phone: _____ Email: _____

Event Information	Title of Event: _____
	Date(s): _____ Event Start Time: _____ Event End Time: _____
	Time Room is Available for Setup: _____ Event Location/Room: _____
	* A representative from your group is required on location at setup time.
	Description of Event (May also attach program or flyer): _____ _____
	Equipment Setup Instructions (Please attach diagram): _____ _____
Number of Attendees Expected: _____	

Technology & Services		
<input type="checkbox"/> Microphone at Podium	<input type="checkbox"/> TV	<input type="checkbox"/> Projection Screen
<input type="checkbox"/> Handheld Microphone	<input type="checkbox"/> VCR	<input type="checkbox"/> Sound System (PA)
<input type="checkbox"/> PC Notebook	<input type="checkbox"/> CD Player	<input type="checkbox"/> Technical Support
<input type="checkbox"/> Mac Notebook	<input type="checkbox"/> DVD Player	<input type="checkbox"/> Overhead Projector
<input type="checkbox"/> Document Camera	<input type="checkbox"/> Audio Recording	
<input type="checkbox"/> LCD Projector (Required to project PC/MAC/VCR/DVD)	<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Satellite Downlink		

The undersigned accepts fiduciary responsibility for the property listed above, and if negligently lost or stolen, will replace or reimburse the University for the total or replacement cost of the property.

Person Requesting Property (Print) Signature SamID Number Date

*revised on February 14, 2011: Supersedes previous editions