



## Audio-Visual Request Form

Instructor's Name: \_\_\_\_\_ Department \_\_\_\_\_

Film/Video Title: \_\_\_\_\_

Source: \_\_\_\_\_ Catalog No. \_\_\_\_\_

### Delivery, Pickup and Return Times:

Date \_\_\_\_\_ Delivery/Pickup Time \_\_\_\_\_ Return Time \_\_\_\_\_ Room \_\_\_\_\_

Date \_\_\_\_\_ Delivery/Pickup Time \_\_\_\_\_ Return Time \_\_\_\_\_ Room \_\_\_\_\_

Date \_\_\_\_\_ Delivery/Pickup Time \_\_\_\_\_ Return Time \_\_\_\_\_ Room \_\_\_\_\_

Date \_\_\_\_\_ Delivery/Pickup Time \_\_\_\_\_ Return Time \_\_\_\_\_ Room \_\_\_\_\_

### Equipment:

16mm Sound Projector	<input type="checkbox"/>	CD/Cassette Tape Player	<input type="checkbox"/>
Carousel Slide Projector	<input type="checkbox"/>	Cassette Tape Player	<input type="checkbox"/>
Caramate Projector (Slides with audiocassette)	<input type="checkbox"/>	LCD Cart (PowerPoint)	<input type="checkbox"/>
Dukane Filmstrip Projector (Filmstrips with audiocassette)	<input type="checkbox"/>	AVC # 1, 2, 3, 6, 10, 11 (PowerPoint, DVD, VHS, Laptop)	<input type="checkbox"/>
Filmstrip/Slide Projector	<input type="checkbox"/>	DVD Player (TV Cabinet)	<input type="checkbox"/>
Overhead Projector (Transparencies)	<input type="checkbox"/>	VHS Player (TV Cabinet)	<input type="checkbox"/>
Opaque Projector (Books, magazines, pictures)	<input type="checkbox"/>	Microphone (RM# 102, 103, 1115) (1 or 2)( gooseneck)(table or stand)	<input type="checkbox"/>
Portable screen	<input type="checkbox"/>	Portable Podium P.A.	<input type="checkbox"/>
Other _____			

Instructor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE NOTE:** This form should be filled out completely and submitted to the Audio-Visual

Department not later than 48 hours before the time service is needed.

Thank you for your cooperation,  
Jo Anne Mason, Audio-Visual