

Semiannual Audiovisual Equipment Order Form

Dept/Event: _____ Account #: _____
 Requestor: _____ User: _____
 Phone: _____ FAX: _____ E-mail: _____

Please check the audiovisual support equipment that will be needed: Additional comments

LCD Projector _____
 Laptop PC Internet connection _____
 Overhead (transparency) Projector..... _____
 Slide Projector (35mm) on Cart _____
 VHS / DVD player with monitor - size 20" 27" _____
 Audio Cassette Recorder Table microphone..... _____
 Telephone Conference System _____
 Easel/White board..... _____
 Other (Please specify)

Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Jul																																
Aug																																
Sep																																
Oct																																
Nov																																
Dec																																

Usual deliveries:

Room#	Start time	End time

Exceptions		Room#	Start time	End time
Date				
Date				
Date				

Check here to receive a confirmation copy after your orders have been processed

After completing this form FAX to 626-2145; or, return via campus mail or personal delivery to:
 Biomedical Communications · Media Technical Services
 PO Box 245032 · Room 3404C · Arizona Health Sciences Center

Media Technical Services office only

Order received by/date: _____ Reservations made by: _____
 Reservations checked by: _____ Orders filed by/date: _____