

Media Services Request Form

ALL MEDIA REQUESTS REQUIRE AT MINIMUM 48-72 HOURS NOTICE

Today's Date: _____

Event Setup Time: _____

Date of Event: _____

Event Start Time: _____

Location of Event: _____

Event End Time: _____

Short Description of Event: _____

Primary Contact Name: _____

Phone: _____

Email: _____

Secondary Contact Name: _____

Phone: _____

Email: _____

Will you be presenting from your computer/laptop: _____

Will you need audio from your computer/laptop: _____

*NOTE: I.T. DOES **NOT** HAVE LOANER LAPTOPS AVAILABLE

Equipment Requested

Projector

Projector Screen

WebEx for Interviews

Webinars

Meetings

Blu-ray Player / DVD Players

Speakers

Podium

Microphone on Podium

Wireless Mic (handheld) **How Many** _____

Wireless Mic (lavalier) **How Many** _____

Wired Mic (handheld) **How Many** _____

Microphone for panel (table) **How Many** _____

Please detail any other media needs you require: _____

I.T. recommends that all presenters be there 30 minutes before the start of the event to test their equipment.