

Instructional Media Center
Equipment Request Form



Please fill in all areas below for us to service your request.

Name: _____ Phone or
E-Mail address: _____

Department: _____ Location: _____

Delivery Date: _____ Delivery Time: _____

Pickup Date: _____ Pickup Time: _____

Video Equipment: Check the box or boxes next to the equipment desired

- | | |
|---|--|
| <input type="checkbox"/> Flat Screen TV | <input type="checkbox"/> Video camcorder |
| <input type="checkbox"/> DVD Player | <input type="checkbox"/> Digital camera |
| <input type="checkbox"/> Transparency projector | <input type="checkbox"/> Portable screen |
| <input type="checkbox"/> Video/data projector/LCD | <input type="checkbox"/> Laptop computer |
| <input type="checkbox"/> Tripod | <input type="checkbox"/> Document Camera |

Audio Equipment: Check the box or boxes next to the equipment desired

- | | |
|---|---|
| <input type="checkbox"/> Sound system/PA system | <input type="checkbox"/> MP3 Recorder |
| <input type="checkbox"/> CD player | <input type="checkbox"/> Microphones.....
needed _____ |

Additional Information: _____
