

Instructional Multimedia Center



EVENT REQUEST FORM

For equipment check-out only, call IMC. An *Event Request Form* is not necessary.

Date of request	Department/Group holding event	Event date	Day of week
a.m.	a.m.		
p.m. to	p.m.		
Time event takes place	Where event is to be held		Expected attendance

Purpose or name of event

- Request for:
- | | |
|--|--|
| <input type="checkbox"/> Audio taping | <input type="checkbox"/> *Set-up/Break-down of equipment & assistance during event |
| <input type="checkbox"/> Video taping | <input type="checkbox"/> Provide background music during an event |
| <input type="checkbox"/> *Set-up/Break-down of equipment | <input type="checkbox"/> Classical <input type="checkbox"/> Jazz <input type="checkbox"/> Pop/R&B <input type="checkbox"/> Variety |

*Available only with specialized set-ups -- **Sketch set-up on the back of this form.**

Note: Events scheduled for weekends and some evenings will require overtime pay. Divisions/Groups requesting service during these times will be responsible for providing the overtime pay. Appropriate authorization approving the overtime must be submitted, in writing, with the event request.

I hereby certify that I shall be responsible for damage or unnecessary abuse of school equipment or media growing out of the use of said items. I agree to abide by and enforce the rules and regulations of the Antelope Valley Community College District governing the use of equipment and media.

Print name of requester	Signature	Extension
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Events must be scheduled two (2) weeks in advance

EQUIPMENT REQUEST

Quantity	Item	Quantity	Item	Quantity	Item
_____	Audio cassette deck	_____	Microphone:	_____	TV/Monitor:
_____	CD Player	_____	Standard	_____	27" screen
_____	DVD Player	_____	Wireless	_____	35" screen
_____	Easel	_____	Lapel	_____	Smart Cart
_____	LCD projector	_____	PA System:	_____	LCD projector/with
_____	Overhead	_____	8-channel system w/speakers	_____	<input type="checkbox"/> Mac laptop
_____	Portable screen	_____	Portable PA	_____	<input type="checkbox"/> PC laptop
		_____	Mini Vox	_____	<input type="checkbox"/> VHS <input type="checkbox"/> DVD
		_____	35mm Slide	_____	<input type="checkbox"/> Speakers
	Other _____				VCR

Special Instructions _____

Note: The Internet is not accessible in all rooms. You must call ITS at x6535 to arrange for Internet access.

FOR IMC USE ONLY

Date received	<input type="checkbox"/> Equipment reserved	<input type="checkbox"/> Equipment to be set-up night before	Technician available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	initial	initial		initial	initial
Overtime approval?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date	Individual approving OT	Budget
					Amount
Coordinator's approval?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Notations _____		
		initial			

Please provide a sketch of how you would like equipment set-up in the room/area.

A large, empty rectangular box with a thin black border, intended for a hand-drawn sketch of equipment layout. The box is currently blank.