

Instructional Multimedia Center



TRAINING ROOM REQUEST

Date of request _____ Individual responsible for session _____

Title of session _____

Date room is needed _____, _____ Session takes place from _____ a.m. _____ a.m.
Day Date p.m. p.m.

Room request for ☐ Room 118 (seats 20-theater style) ☐ Room 132 (seats 24 at tables)
no internet accessibility

Request is for: *(Check all that apply)* ☐ Room only ☐ Room & equipment ☐ Video taping of session

☐ Set-up/Break-down of equipment only ☐ Set-up/Break-down of equipment and assistance during session

☐ Videoconference ☐ Satellite downlink *(Additional form required for Videoconference and/or Satellite details)*

Signature of requestor _____ Ext. _____

Schedule reservations two (2) weeks in advance

EQUIPMENT NEEDED

Item	Quantity	Item	Quantity
Overhead	_____	Portable PA	_____
35mm Slide	_____	Mini Vox	_____
TV/Monitor:		Microphone:	
27" screen	_____	Standard	_____
35" screen	_____	Wireless	_____
VCR	_____	Lapel	_____
CD Player	_____		
DVD Player	_____	LCD projector/with <input type="checkbox"/> Mac	<input type="checkbox"/> PC _____
Laser Disc Player	_____	LCD projector for video only	_____
16mm film projector	_____		
Portable screen	_____	Laptop Computer <input type="checkbox"/> Mac	<input type="checkbox"/> PC _____
Audio cassette deck	_____	Internet accessibility in BE 132 to:	
Easel	_____	<input type="checkbox"/> Instructors laptop <input type="checkbox"/> Student laptops	

Special Instructions _____

FOR IMC USE ONLY Date received _____
initial

Equipment reserved _____
initial

Room reserved _____
initial

Technician available? ☐ Yes ☐ No _____
initial

Coordinator's approval? ☐ Yes ☐ No _____
initial

Overtime approval? ☐ Yes ☐ No Approved by _____
initial

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