



EVENT REQUEST

An *Event Request* form is required for **Events and/or Training/Videoconference Room** use only. To simply reserve a piece of equipment, a *Reservation* form is required or call x6451.

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

Services Requested <input type="checkbox"/> Audio taping <input type="checkbox"/> Video taping <input type="checkbox"/> Set-up/Break-down of equipment <small>(Available only with specialized set-ups)</small> <input type="checkbox"/> Set-up/Break-down of equipment & assistance during event <small>(Available only with specialized set-ups)</small> <input type="checkbox"/> Provide background music during an event <input type="checkbox"/> Classical <input type="checkbox"/> Jazz <input type="checkbox"/> Pop/R&B <input type="checkbox"/> Variety <input type="checkbox"/> Other _____	<div style="text-align: center; border-bottom: 1px solid black; font-weight: bold;">Training/Videoconference Room Request</div> <input type="checkbox"/> BE 118 Host _____ <input type="checkbox"/> BE 132 Contact _____ <input type="checkbox"/> Room use only Phone/Email _____ <input type="checkbox"/> Room and equipment Member of Cenic? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Videoconference <small>(Attach coordinate packet - all printed information)</small> Record Videoconference? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(Copy of permission must be attached)</small>
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- Events must be scheduled two (2) weeks in advance.**
- Requestor may be charged for overtime.**
 Contact Kim Whitaker @ x6072 to see if overtime will be necessary. Overtime authorization must be submitted with the event request on an overtime form complete with the appropriate signature and budget number (forms available on intranet - HR - forms). Events will not be scheduled until all the necessary paperwork is received by the IMC.
- Call ITS for Internet access.**
 The internet is not accessible in all rooms. Contact ITS to confirm availability and/or access and to get an Internet cable.

I hereby acknowledge that I will be held responsible for damage or unnecessary abuse of school equipment or media resulting from 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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Quantity	Item	Quantity	Item
_____	<u>Audio/Sound Equipment</u> Audio cassette deck	_____	<u>Projectors</u> 35mm Slide
_____	CD Player	_____	Overhead
_____	Microphones: <input type="checkbox"/> Standard <input type="checkbox"/> Wireless <input type="checkbox"/> Lapel	_____	LCD
_____	PA Systems: <input type="checkbox"/> 8-channel w/speakers <input type="checkbox"/> Portable PA <input type="checkbox"/> Mini Vox	_____	<u>Portable Projection Screens</u> Tripods <input type="checkbox"/> 5x7 <input type="checkbox"/> 8x5 <input type="checkbox"/> 10x10
_____	Lecturn w/microphone & CD/MP3 player	_____	Rear Projection 10x7.5
Special Instructions _____			

FOR IMC USE ONLY

- Equipment to be set-up night before
 Overtime Approval
 Paperwork attached
 Approved by phone
 Approved by e-mail

Date _____	Individual approving OT by phone/e-mail _____	Budget _____	Amount _____
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Notations _____