

Biomedical Communications

Media Technical Services

Phone: (520) 626-0151 | FAX: (520) 626-2145



Semiannual Audiovisual Equipment Order Form

Dept/Event: _____ Account #: _____

Requestor: _____ User: _____

Phone: _____ FAX: _____ E-mail: _____

Please check the audiovisual support equipment that will be needed: Additional comments

LCD Projector _____

Laptop PC Internet connection _____

VHS / DVD player with monitor - size 20" 27" _____

Digital audio recording _____

Telephone Conference System _____

Other (Please specify)

Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Jan																															
Feb																															
Mar																															
Apr																															
May																															
Jun																															

Usual deliveries:		
Room#	Start time	End time

Exceptions		Room#	Start time	End time
Date				
Date				
Date				
Date				
Date				
Date				

Check here to receive a confirmation copy after your orders have been processed

After completing this form FAX to 626-2145, or return via campus mail or personal delivery to:
 Biomedical Communications · Media Technical Services
 PO Box 245032 · Room 3404C · Arizona Health Sciences Center

Media Technical Services office only

Order received by/date: _____ Reservations made by: _____

Reservations checked by: _____ Orders filed by/date: _____