

Media Technical Services

Phone: (520) 626-0151 **Semiannual Audiovisual Equipment Order Form**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Dept/Event: | | | | Account # |
| Requestor: | | | User: | |
| Phone: |  | Email: | | |

Please check the audiovisual support that will be needed: Additional Comments

|  |
| --- |
| Projector (LCD) or TV monitor |
| Laptop PC  Internet  Audio |
| Zoom Support  Zoom Equipment |
| Digital Audio Recorder  2nd Microphone |
| 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 | | | |
| Date | Room # | Start Time | End Time |
| Date |  |  |  |
| Date |  |  |  |
| Date |  |  |  |
| Date |  |  |  |

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

After completing this form, email to [mts@biocom.arizona.edu](mailto:mts@biocom.arizona.edu) or return by campus mail to:

BioCommunications \* Media Technical Services

PO Box 245032 \* Room 3404C \* UA Health Sciences

Media Technical Services Office Use Only Below

Order Received By/Date: Reservations Made By:

Reservations Checked By: Orders Filed By/Date: