

Media Technical Services

Phone: (520) 626-0151 | Fax (520) 626-2145 **Semiannual Audiovisual Equipment Order Form**

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

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

|  |
| --- |
| Projector (LCD) or TV monitor |
| Laptop PC  Internet  Audio |
| VHS /  DVD Player with monitor |
| Digital Audio Recorder  2nd Microphone |
| Telephone Conference System |

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| --- |
| Other: (Please Specify) |
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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 |
| Jul |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Aug |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Sep |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Oct |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Nov |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Dec |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **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 [mtsdesk@medadmin.arizona.edu](mailto:mtsdesk@medadmin.arizona.edu) or FAX to 626-2145 or return by campus mail to:

Biomedical Communications \* Media Technical Services

PO Box 245032 \* Room 3404C \* Arizona Health Sciences Center

Media Technical Services Office Use Only Below

Order Received By/Date: Reservations Made By:

Reservations Checked By: Orders Filed By/Date: