

Media Technical Services

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

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

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

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| **[ ]**  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 |
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| **Usual Deliveries** |
|  **Room #** | **Start Time** | **End Time** |
|  |  |  |

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|  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 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: