

AUDIOVISUAL SERVICE REQUEST FORM

Tel. (212) 854-3021 Fax (212) 854-5845

BARNARD Special Events ❖ Altschul 011

E-mail avservices@barnard.edu

Completed Audiovisual Service and Event Space Request Forms must be received by Special Events a minimum of 10 business days prior to the event. Any Audiovisual Service Request NOT received 10 business days in advance will be supported on an "if we can" basis. Late fees (for requests received with less than 10 business days notice) and cancellation fees (for cancellations received with less than 24 hours prior to the event) may be applied.

PLEASE PRINT Date submitted to Special Events: _____

Name of Event: _____ Sponsoring Dept/Org.: _____

Confirmed Location: _____ Number Expected to Attend: _____

Day and Date of Event: _____

Guests Arrive Time: _____ am pm Actual Start Time: _____ am pm Actual End Time: _____ am pm

The AV Technician will determine set up time based on your AV needs and the time guests arrive for your event.

PLEASE NOTE: *If you are providing a laptop, tapes, zip discs, CD's etc. please arrive at the event location at least 30 minutes prior to the actual start time so that we can ensure that your presentation is set up properly.*

Person Coordinating Event: _____

Extension/Phone: _____ E-mail Address: _____

Is this a high profile event?..... No Yes

Will you need an Audiovisual Technician on-site throughout this event?..... No Yes

Unsure of your audiovisual needs? Please contact us at x4-3021, we would be happy to help you.

<u>QUANTITY</u>	<u>SOURCE</u>	<u>DISPLAY</u>	<u>OPTIONS</u>	<u>RUNNING TIME/NOTES</u>
_____	VHS.....	<input type="checkbox"/> TV Monitor.....	<input type="checkbox"/> Projector and Screen	_____
_____	DVD.....	<input type="checkbox"/> TV Monitor.....	<input type="checkbox"/> Projector and Screen	_____
_____	Slide(s).....	<input type="checkbox"/> Projector and Screen		_____
	<i>I will provide my own slide carousel.....</i> <input type="checkbox"/> No... <input type="checkbox"/> Yes			
_____	Overhead/Document Camera.....	<input type="checkbox"/> Projector and Screen		_____
_____	Computer.....	<input type="checkbox"/> Projector and Screen		_____
	<i>I will provide my own laptop.....</i> <input type="checkbox"/> No... <input type="checkbox"/> Yes <i>My computer is a....</i> <input type="checkbox"/> PC... <input type="checkbox"/> Mac			
	<i>I will bring my source(s) on.....</i> <input type="checkbox"/> DVD... <input type="checkbox"/> CD... <input type="checkbox"/> ZIP... <input type="checkbox"/> Floppy Disc... <input type="checkbox"/> USB Drive... <input type="checkbox"/> Internet			
	<i>I will need an internet connection.....</i> <input type="checkbox"/> No... <input type="checkbox"/> Yes			
	<i>My computer presentation has sound.....</i> <input type="checkbox"/> No... <input type="checkbox"/> Yes			

<u>QUANTITY</u>	<u>AUDIO DECKS</u>
_____	Boom Box with CD and Tape Player
_____	Sound System with speakers for... <input type="checkbox"/> CDs... <input type="checkbox"/> Tapes... <input type="checkbox"/> MP3 Player... <input type="checkbox"/> DJ... <input type="checkbox"/> Other _____

MICROPHONES Please indicate the QUANTITY needed on the lines below.

Table Top Mic(s) #: _____ Standard _____ Wireless Used for #: _____ Speaker(s)

Podium Mic(s) #: _____ Standard _____ Wireless Used for #: _____ Speaker(s) (Note: Lectern requires a Standing Mic.)

Standing Mic(s) #: _____ Standard _____ Wireless Used for #: _____ Speaker(s) _____ Vocalist(s) _____ Instrument(s)

Lapel Mic(s) #: _____ Wireless Used for #: _____ Speaker(s) _____ Vocalist(s)

AUDIO RECORDING Please contact us directly if you need your event AUDIO recorded or if you need us to provide a sound-feed to a videographer.

NOTES _____

* Student Club Advisor's Name (if applicable): _____ Signature: _____ Date: _____

For Office Use Only: Reservation #: _____ Date form received: _____