

Com/Media Booking Form--Recurring Bookings

Contact Information:

Name: _____
Department: _____
Phone Number: _____ Fax: _____
E-mail: _____

Delivery Information:

Start Date (YY-MM-DD): _____ End Date (YY-MM-DD): _____
Days of Week (Circle those which apply): M T W R F S U
Time--Start (24 Hr. Clock): _____ End (24 Hr. Clock): _____
Building/Room Number: _____ Course No.: (if applicable): _____
Do you require a technician to operate the equipment? _____

Equipment Information:

Please select all the equipment you need:

_____ Overhead projector	Videodisc Name: _____
_____ Second overhead projector	_____
_____ Slide projector	_____ DVD player
_____ Second slide projector	_____ DVD
_____ Projection screen	_____ DVD Call No.: _____
_____ Second projection screen	_____ DVD Name: _____
_____ 16mm film projector	_____
_____ Film	_____ 26" video monitor
_____ Film Call No.: _____	_____ Video projector
_____ Film Name: _____	_____ Mac Computer
_____	_____ PC Computer
_____ VHS player	_____ Bringing own computer
_____ Beta player	_____ Data projector
_____ 3/4" U-matic video player	_____ Cassette player
_____ Videotape	_____ CD/cassette player
_____ Video Call No.: _____	_____ Lavalier microphone
_____ Video Name: _____	_____ Audio recording
_____	_____ C/M to supply tapes? _____
_____ Videodisc player	_____ Video recording
_____ Videodisc	_____ C/M to supply tapes? _____
_____ Videodisc Call No.: _____	_____ Other: _____

Comments or special instructions: