



# MEDIA SERVICES REQUEST\*

Please allow 15 days for request to be processed.

Date \_\_\_\_\_

Requested By \_\_\_\_\_

Contact Person/Coordinator \_\_\_\_\_

Phone No. \_\_\_\_\_

Email address: \_\_\_\_\_

Date of Event \_\_\_\_\_

Start Time : \_\_\_\_\_

End Time: \_\_\_\_\_

Type of Event/Activity \_\_\_\_\_

Rooms to Be Used \_\_\_\_\_

Offsite Location \_\_\_\_\_

### Audio Set-up:

# of Handheld mics \_\_\_\_\_

# of Lapel mics \_\_\_\_\_

# of Wireless mics \_\_\_\_\_

Do you need a podium? Yes No

Do you want Audio recording? Yes No

### Audio Recording Services:

# of CDs \_\_\_\_\_

### Video/Camera Recording Services:

Do you want Video/Camera recording? Yes

No

### \*Duplication Services:

# of Originals \_\_\_\_\_

# of CD Copies \_\_\_\_\_

# of DVD Copies \_\_\_\_\_

\*Blank CDs and/or DVDs must be provided by requester.

Please provide as much detail as possible.

### Special Requests:

(PLEASE ATTACH ANY OTHER PERTINENT INFORMATION)

### Media Department Use Only

Date Received \_\_\_\_\_

By \_\_\_\_\_

Assigned To \_\_\_\_\_

Comments \_\_\_\_\_

Confirmed by: \_\_\_\_\_

\*This form must be accompanied by an approved Event/Facility Request for **ALL EVENTS**.