



MEDIA SERVICES REQUEST*

Please allow 30 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

Audio/Video Services:

Yes No (Check all that apply)

Online video streaming

Music - supplied by requester

Internet Access

Music - supplied by Media Dept (genre needed)

Video Meeting service

Laptop hookup

Presentation facilitation

Other _____

Video/Camera Recording Services:

(Check all that apply)

Yes No

File type needed:

DVD

MP3

MP4

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.**