Media Center Equipment Request Form

Note: - All fax requests must be received at least 24 hours in advance!
    - Email orders not accepted

Instructor Information:

Name: ____________________________________________________________________
    Last                                                        First

Department: ____________________________________________________________________

Phone: (_(_______))_______________________ Fax: (_(_______))_______________________

Email: ____________________________________________________________________

Classroom Information:

Location: ________________________________________________________________
    Building name                                                      Room number

Class Time: ________________________________________________________________
    Start time                                                        End time

Equipment Information

Dates Needed: ______/____/____/________/____/____/____
    Beginning                                                        Ending

Ordered By: ______________________________________________(_______)___________
            Name (Last, First)            Phone

Equipment Needed: (Please check the box or boxes that apply)

☐ Boom Box (CD/Cassette)                              ☐ Overhead Transparency Projector
☐ Camcorder w/ Tripod*                                ☐ Slide Projector
☐ Data/Video Projector                                ☐ Tray for Slide Projector
☐ DVD Player                                          ☐ TV Monitor
☐ Laptop*                                              ☐ VCR/VHS
☐ Microphone Key*                                     ☐ Visualizer/Document Camera

* Must be picked up from IMC or delivered to an office. Please indicate the office location for delivery in the comments section.

Other comments/requests
________________________________________________________________________________________

If you have any questions, please contact us at 353-3960