

Technology Request and Setup for Events

EVENT DATE: _____

GROUP: _____

CONTACT PERSON: _____

CONTACT EMAIL AND PHONE: _____

EVENT: _____

LOCATION OF EVENT: _____

TIME/DURATION: _____

TECHNOLOGY SETUP REQUIREMENTS, CHECK ALL THAT APPLY:

Connection to Internet

Sound/Speakers

Screen

Projector

DVD/BLU RAY

Connection for Macbook

Microphone

Smartboard (*after school hours only*)

Will program or presenter provide any equipment? YES NO

If YES, please indicate type of equipment: _____

- ***EVENT CHAIRS OR REPRESENTATIVE FROM EVENT MUST ARRIVE 15 MINUTES PRIOR TO EVENT TO CONFIRM SETUP AND TECHNOLOGY IS IN WORKING ORDER***
- ***FORM MUST BE COMPLETED AND SUBMITTED AT LEAST ONE WEEK PRIOR TO EVENT DATE***

For Office Use only:

Setup Confirmed by _____

Equipment available _____