

AV & MEDIA SUPPORT WORK ORDER

⌚ To ensure availability of equipment & personnel at least 2 WEEKS NOTIFICATION is required. ⌚

| EVENT INFORMATION | |
|-----------------------------|-----------|
| DATE: | DAY: |
| START-TIME: | END-TIME: |
| CONTACT PERSON(S): | |
| PHONE: | EMAIL: |
| LOCATION(S) OF EVENT: | |
| BRIEF DESCRIPTION OF EVENT: | |

| SOUND NEEDS | |
|--|---|
| Check Boxes Below To Choose Kind of Microphone | Fill In Boxes Below To Indicate How Many Of Each Will Be Used |
| <input type="checkbox"/> LECTERN MIC | |
| <input type="checkbox"/> PANEL MIC | |
| <input type="checkbox"/> STANDING MIC | |
| <input type="checkbox"/> WIRELESS/ CLIP-ON MIC | |
| <input type="checkbox"/> WIRELESS HANDHELD MIC | |

| | | |
|--|------------------------------|---|
| <input type="checkbox"/> AUDIO PLAYBACK | <input type="checkbox"/> CDs | <input type="checkbox"/> Cassette Tapes |
| <input type="checkbox"/> AUDIO PROGRAM RECORDING | | |

| VISUAL NEEDS | |
|--|-----------------|
| Check and Fill in boxes below for ALL options you will be using at your event | |
| <input type="checkbox"/> COMPUTER PROJECTION – Library-Provided PC PowerPoint, Internet, Etc. (NO MACS) | |
| <input type="checkbox"/> VHS TAPE PROJECTION | How Many Tapes? |
| <input type="checkbox"/> VHS PLAYER & TV ON CART | |
| <input type="checkbox"/> TRANSPARENCIES | |
| <input type="checkbox"/> SLIDES: Single or (in Auditorium Only) Side-by-Side (<i>Circle One</i>) | |
| <input type="checkbox"/> 16MM FILM PROJECTION | How Many Reels? |
| <input type="checkbox"/> EASELS | How Many? |
| <input type="checkbox"/> FLIP CHARTS | How Many? |

| |
|-------|
| OTHER |
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