

# AUDIO VISUAL SERVICES REQUEST FORM

Please be advised, **ALL** requests must be submitted by the Faculty or Staff event sponsor at least **TWO WEEKS** in advance of the event request date. Students may not submit requests. Late or last minute requests will be evaluated based on available IATS resources.

**IATS Support Services Hours:** Mon-Fri 7:30am-4:30pm (7:30am-4:00pm Summer)

**LOCATION:** 104 Maltby Center

**PHONE:** 724-738-4357 (HELP)

Date(s) Needed	Select Day(s)	Time	Event location	
____/____/____  ____/____/____	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday * <input type="checkbox"/> Sunday *	<b>Start Time:</b>  _____ am/pm  <b>End Time:</b>  _____ am/pm	*please note that IATS does NOT schedule buildings/rooms for events. You must schedule location through the appropriate office.	
<b>10 digit SAP fund center number</b>	*requires additional approvals			
<b>Detailed description of event. Please include any special requests or instructions</b>			<b>Type of Organization</b>	
			<input type="checkbox"/> Administrative Department <input type="checkbox"/> Academic Department <input type="checkbox"/> Auxiliary Department <input type="checkbox"/> Athletic Department <input type="checkbox"/> Student Organization (registered) <input type="checkbox"/> Conferencing Services	
Event Coordinator	Department/Organization	SRU email	Campus Phone	Alternate Phone
Signature of Event Coordinator		Date		

## Equipment/Services Requested

Delivery & set up facilitated unless otherwise indicated

Portable Projection Screen

Data Projector (**self pick up**)

Podium

Voice or PA system

(Indicate number & type of microphones requested. Number and type of microphones available dependent on facility/room reserved.)

\_\_\_ # of wired microphone(s)

\_\_\_ wireless hand held microphone

\_\_\_ wireless lapel microphone

\_\_\_ #of desk stand(s)

\_\_\_ # of floor stand(s)

Other (Indicate equipment/services requested in the space below)

Admin/Faculty/Staff Event Sponsor	Department/Organization	SRU email	Campus Phone	Alternate Phone
Signature of Event Sponsor		Date		
<b>Upon signing this request form, you agree to these terms. You and your organization or department will be held accountable for damaged or missing equipment. In order to prevent damage or theft, equipment must NOT be left unattended. If your event ends early, it is your responsibility to notify IATS Support Services &amp; to remain with the equipment until IATS personnel arrive to take possession of the equipment.</b>				

### FOR IATS SUPPORT SERVICES OFFICE USE ONLY

Request Approved / Declined (circle one)	Signature: _____ Manager of Technology Support Services	Date: _____
If Declined, indicate reason:	If Approved, indicate work order #:	Technician Assigned: