

# Classroom Services Request Form

(One Activity Per Request Form)

Room and Media Request   
  Media ONLY Request   
  Media for already scheduled activity

## Contact Information

Name of Contact Person:			Today's Date:		
Phone #:	MSC#:	Fax #:	E-Mail:		
College/Division:		Department:			
Name of Actual Room User:			Phone #:		
Name of Activity:					

## Activity Dates & Times

Date	Prep Time	Start Time - End Time	Cleanup Time *	Number of Attendees	Food (Y/N)
08/16/19	3:45pm	4:00pm - 6:00pm	5:45pm	100	Y

## Equipment Needed

<b>Computer Projection</b> Quantity: _____	<b>Document Camera</b> Quantity: _____	<b>Flat Screen Monitor</b> Large__ Small__ Quantity: _____
<b>Podium Microphone</b> Quantity: _____	<b>Promethean Smart Monitor</b> Quantity: _____	<b>Projection Screen</b> Quantity: _____
<b>Projector Stand</b> Quantity: _____	<b>Wireless Microphone</b> Lapel__ Hand Held__ Both__ Quantity: _____	<b>Writable Tablet</b> Quantity: _____

**Other needs or additional information:**

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### Additional Activity Dates & Times

<b>Date</b>	<b>Prep Time</b>	<b>Start Time - End Time</b>	<b>Cleanup Time *</b>	<b>Number of Attendees</b>	<b>Food (Y/N)</b>
08/16/19	3:45pm	4:00pm - 6:00pm	5:45pm	100	Y