

# EVENT SET-UP FORM

(Please return to IT office at least two weeks prior to event)

Event Name: \_\_\_\_\_

Date of Event: \_\_\_\_\_ Sponsoring Department \_\_\_\_\_

Facility Reserved: \_\_\_\_\_

Time of Event: \_\_\_\_\_

Set-up time reserved: \_\_\_\_\_ am/pm Teardown time reserved: \_\_\_\_\_ am/pm

## ***A/V Checklist***

Existing A/V equipment is not removed from rooms. Existing equipment in rooms is used before additional is added

	Item	Quantity	Notes
<input type="checkbox"/>	Laptop		
<input type="checkbox"/>	Projector		
<input type="checkbox"/>	Microphone		
<input type="checkbox"/>	Flipchart		
<input type="checkbox"/>	Screen		4ft. 6ft.
<input type="checkbox"/>	Television		
<input type="checkbox"/>	DVD		
<input type="checkbox"/>	VCR		
<input type="checkbox"/>	CD/Tape Player		
<input type="checkbox"/>	Camcorder		
<input type="checkbox"/>	Tripod		
<input type="checkbox"/>	Digital Camera		
<input type="checkbox"/>	Slide Projector		
<input type="checkbox"/>	Speakers		
<input type="checkbox"/>	Overhead Projector		
<input type="checkbox"/>	Document Camera		

## ***Diagram***

The IT Department will try to fulfill your request but minor modifications may be necessary do to inventory. Weekend events should be set up by 4:00pm Friday.

Contact: \_\_\_\_\_

Telephone: \_\_\_\_\_ Date: \_\_\_\_\_

Received by: \_\_\_\_\_ Date: \_\_\_\_\_