AUDIO VISUAL SERVICES REQUEST

12901 Bruce B. Downs Blvd., MDC Box 27, Tampa, FL 33612
Phone: 974.4288 Fax To: 974.5743

Event Start Date ___/___/___ S M T W Th F S _____ AM / PM
Event End Date ___/___/___ S M T W Th F S _____ AM / PM

Location: Bldg. _____ Room: _____ Dept: _____

Contact: _____ Email (required): _____ Phone: _____

IMPORTANT NOTE: *We will email confirmation of receipt of your service request. If you don't receive our confirmation email by the end of the next business day, please resend your request to ensure placement on the AV support schedule.*

Requested Equipment

- ☐ Technical Assistance
- ☐ LCD Projector
- ☐ VCR ☐ DVD Player
- ☐ Portable Screen
- ☐ Microphone (Qty. each below)
  - Lapel ___ Table ___ Wireless ___
- ☐ Portable P. A. System
- ☐ Podium
- ☐ Laser Pointer
- ☐ Easel ☐ Flipchart
- ☐ Audio Recording
- ☐ Video Recording

Note: AV Services does not have laptops to loan. If you need a laptop for your presentation, please contact USF Health IT at 974-6288.

Comments: _____

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PeopleSoft (FAST) Chartfield #

	OP Unit	Fund Code	Department
U S F 0 1	☐☐☐	☐☐☐☐☐	☐☐☐☐☐☐

Product	Initiative	Project ID
☐☐☐☐☐☐	☐☐☐☐☐☐☐	☐☐☐☐☐☐☐☐☐☐

Authorized Signature _____

Equipment Responsibility: Health Media Center equipment is thoroughly inspected before each project. The person requesting the equipment assumes responsibility for its condition. Any damage will be billed to signer's department. Your signature on the work request is acceptance of these terms.

R: 09/07