



# EQUIPMENT SERVICES SEMESTER AUDIOVISUAL EQUIPMENT REQUEST FORM

University Teaching Center  
Equipment Services  
1017 N. Mountain Ave.  
Tucson, Arizona 85721  
Phone: 520/621-3852  
FAX: 520/621-5005  
Email: [uaav@w3.arizona.edu](mailto:uaav@w3.arizona.edu)  
Web Page: [www.uaav.arizona.edu](http://www.uaav.arizona.edu)

USE ONE FORM PER CLASS TIME PERIOD

DEPARTMENT/ORGANIZATION:		USER:	
PHONE:	EMAIL:	COURSE:	
CLIENT#:			

THE FOLLOWING TYPE(S) OF AUDIOVISUAL SUPPORT EQUIPMENT WILL BE NEEDED:	QUANTITY
<b>VIDEOCASSETTE RECORDER (VCR) W/MONITOR (TV)</b> 3/4" <input type="checkbox"/> 1/2" <input type="checkbox"/>	_____
<b>VIDEO PROJECTION UNIT</b> PC/LAPTOP <input type="checkbox"/> MAC/POWERBOOK <input type="checkbox"/> VCR <input type="checkbox"/> <i>COMPUTER SUPPLIED BY CLIENT</i>	_____
<b>OVERHEAD PROJECTOR</b>	_____
<b>CAROUSEL SLIDE PROJECTOR</b>	_____
<b>WIRELESS REMOTE CONTROL</b>	_____
<b>16MM FILM PROJECTOR</b>	_____
<b>AUDIO CASSETTE RECORDER/PLAYER</b>	_____
<b>OTHER (PLEASE SPECIFY)</b>	_____

LOCATION, BUILDING:	RM:	FALL <input type="checkbox"/>	SPRING <input type="checkbox"/>
TIME, START:	END:	SUMMER <input type="checkbox"/>	WINTER <input type="checkbox"/>
DAYS CLASS MEETS: M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> R <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/>		20 <input type="checkbox"/>	

FILL IN THE MONTH AND MARK THE DAYS REQUIRED

SEND CONFIRMATION?

Months	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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After completing this form, return via campus mail, FAX or deliver personally to:  
University Teaching Center \* Equipment Services \* 1017 N. Mountain Ave. \* Campus

RECEIVED: <i>(DATE)</i>	ORDER(S) WRITTEN:	CONFIRMATION SENT:
BY: <i>(NAME)</i>	BY:	BY: