



LOMA LINDA UNIVERSITY
HEALTH

EDUCATIONAL TECHNOLOGY SERVICES

Audio Visual Request Form

24760 Stewart St., Loma Linda, CA 92350
Phone: (909) 558-4748 Fax: (909) 558-4012

Today's date: _____ mm/day/yyyy) Email Address: _____

Name: _____ Department: _____

Phone/Ext: _____ Name of Event: _____

Building: _____ Assigned Room: _____

Event Date: _____ Start time: _____ AM PM Ending time: _____ AM PM

Technician setup/take down only: Yes No (this option available 7:30am-4:00pm Monday-Thursday, 7:30am-1:00pm Friday)

Technician throughout the event: Yes No (technician will be in attendance from 1/2 hour before until a 1/2 hour after the event for a BASIC setup)

EQUIPMENT AVAILABLE FOR YOUR EVENT

Projector 40 " Monitor DVD/VCR Podium Microphone Wireless Lapel Microphone

Wireless Handheld Microphone Table Microphone Quantity _____ (for panel/group)

TECHNOLOGY SERVICES AVAILABLE (inquire for cost)

Video Recording Audio Only Recording

(a signed release from each speaker is the responsibility of the requesting department)

Are there any special instructions or needs of which we should be aware?

INSTRUCTIONS: Please complete this form and FAX to (909-558-4012) or e-mail to rwolf@llu.edu at least 1 week in advance of your class, meeting, or program. ETS technicians are available to assist you with your event. Events taking place within the hours of 7:30am-4:00pm M-Th, 7:30am-1:00pm F include an option to have an ETS technician setup and leave at no cost to you or stay for the duration of the event at \$25/hour. An ETS technician is REQUIRED for the duration of an event taking place outside stated hours. For more information contact Ronson Wolf at rwolf@llu.edu or ext. 86672 or Laurel Kelln at lkelln@llu.edu or ext. 44748 (5/16/16)