

INFORMATION TECHNOLOGY SERVICE, EVENT, EQUIPMENT REQUEST

*NOTE: FIELDS IN RED ARE REQUIRED

Type of Request: Current Date:

Name: Phone:

Department: Bldg: Room#:

Issue Description:

Day of Event: Date of Event:
(Mon - Sun)

Start Time: End Time:

Event Contact: Contact Phone:

Contact Email: Contact Dept:

Type of Event:

Event Location:

Will this event need to be photographed? YES NO

Video taped? YES NO

EQUIPMENT

Digital Camera Video Camera TV

Telephone Laptop Projector Setup

Power/Extension Cord Powerpoint Clicker

Other

Personnel Requested:

***NOTE: CLICKING SUBMIT WILL OPEN YOUR EMAIL CLIENT. PLEASE ATTACH ANY FILES THAT MAY HELP IN THE FULFILLMENT OF YOUR REQUEST TO THE EMAIL**