



Instructional Media Services
 4400 Cathedral Oaks Road. P.O. Box 6307
 Santa Barbara, California 93160-6307
 FAX: (805) 974-4712

*Please submit this request for equipment at least **TWO WEEKS PRIOR** to date of event.*

Date form completed _____

REQUEST FOR AUDIOVISUAL EQUIPMENT

for Santa Barbara County Education Office Operated Programs

Department/Program _____ Person Requesting _____

Phone Number and Extension _____ E-mail _____

Name of Workshop/Training (optional) _____

Start Date _____ and time _____ (note a.m./p.m.) End Date _____ and time _____ (note a.m./p.m.)

AUDITORIUM Equipment

- | | |
|---|---|
| <input type="checkbox"/> Large A/V Presenter Podium*
(stage screen, audio)
<input type="checkbox"/> LCD projector*
<input type="checkbox"/> DVD player* <input type="checkbox"/> VCR player*
<input type="checkbox"/> Internet access (presenter only)
<input type="checkbox"/> Document camera* | <input type="checkbox"/> Handheld microphone* (wireless)
<input type="checkbox"/> Clip-on/lapel microphone* (wireless)
<input type="checkbox"/> Small wooden lecture podium
<input type="checkbox"/> Easel/chart rack _____ (quantity)
<input type="checkbox"/> Videoconference**
<input type="checkbox"/> Dry erase board
<input type="checkbox"/> Other _____ |
|---|---|

BOARD ROOM Equipment

-
- Videoconference**
-
-
- LCD projector
-
-
- DVD player
-
- VCR player (both have TV monitor)
-
-
- Projection screen
-
- against wall
-
- against balcony
-
-
- Document camera
-
-
- Computer speakers
-
-
- Easel/chart rack _____ (quantity)
-
-
- Microphones
-
- Digital recorder

CABINET CONFERENCE ROOM Equipment

-
- Videoconference**
-
-
- LCD projector
-
-
- DVD player
-
- VCR player
-
-
- Projection screen
-
-
- Document camera
-
-
- Easel/chart rack _____ (quantity)

MTC (Multimedia Training Center)

- | | | |
|--|--|--|
| <input type="checkbox"/> AV lectern | <input type="checkbox"/> Videoconference** | <input type="checkbox"/> Power for participants' computers |
| <input type="checkbox"/> Document camera | <input type="checkbox"/> Microphone _____ Quantity | <input type="checkbox"/> Wired Internet access for participants |
| <input type="checkbox"/> DVD/VHS player | <input type="checkbox"/> Lapel or _____ handheld | <input type="checkbox"/> Wireless Internet access for participants |

OTHER LOCATION and OFF-SITE Equipment

Location: _____

- | | |
|--|---|
| <input type="checkbox"/> LCD projector _____ with stand
<input type="checkbox"/> DVD player
<input type="checkbox"/> VCR player
<input type="checkbox"/> Small computer speakers
<input type="checkbox"/> Portable PA system
<input type="checkbox"/> Document camera | <input type="checkbox"/> Easel/chart rack _____ (quantity)
<input type="checkbox"/> "Boom Box" for playing CDs
<input type="checkbox"/> Microphone _____ (quantity)
<input type="checkbox"/> Microphone stand (5' to 6' height) _____ (quantity)
<input type="checkbox"/> Microphone stand (for desktop) _____ (quantity)
<input type="checkbox"/> Portable projection screen _____ (quantity) |
|--|---|

____ Other (please specify): _____

**To use the A/V Presenter Podium and its equipment, schedule a training with IMS Dept. before your event.*

***Include dial-in instructions: Conference Name, IP Address, and PIN as soon as host provides.*

Questions: Call 964-4711, x5222, or email videos@sbceo.org. Return completed form to IMS Dept., via email or fax.

Please note: Fees may apply for equipment use and staff time.