

# Special Event Technology Request Form

Center for Distance Learning and Academic Technology

Phone: (210) 458-4520 Fax: (210) 458-4517 Office: BB 3.02.26

## (Office Use Only)

Date Received: \_\_\_\_\_

Log Number: \_\_\_\_\_

Logged by: \_\_\_\_\_

To help ensure that your department/organization will have a successful presentation or special event, you must complete this form with all applicable information 2 weeks prior to the event. The Center for Distance Learning and Academic Technology cannot guarantee success with technology without ample time to update our schedule or provide proper staffing.

**All Contact Information must be completed before approval for request can be granted**

Contact Information	Name of UTSA Faculty/Staff Requesting Services: _____
	Department: _____ Phone: _____ Email: _____
	Name of Organization(s) Requesting Services: _____
	Please Select One:      UTSA Organization/Office      Off Campus Organization/Office
	Direct Contact Name: _____ Office Location: _____
	Phone: _____ Email: _____

Event Information	Title of Event: _____
	Date(s): _____ Event Start Time: _____ Event End Time: _____
	Time Room is Available for Setup: _____ Event Location/Room: _____
	<b>* A representative from your group is required on location at setup time.</b>
	Description of Event (May also attach program or flyer): _____ _____
	Equipment Setup Instructions (Please attach diagram): _____ _____
Number of Attendees Expected: _____	

<b>Technology &amp; Services</b>		
Microphone at Podium	TV	Projection Screen
Handheld Microphone	VCR	Sound System (PA)
PC Notebook (1604 pickup HSS 2.01.16)	CD Player	Technical Support
Mac Notebook (1604 pickup HSS 2.01.16)	DVD Player	Overhead Projector
Document Camera	Audio Recording	
LCD Projector (Required to project PC/MAC/VCR/DVD)	Other: _____	
Satellite Downlink (call 7375 for room availability)	_____	

***The undersigned accepts fiduciary responsibility for the property listed above, and if negligently lost or stolen, will replace or reimburse the University for the total or replacement cost of the property.***

\_\_\_\_\_  
Person Requesting Property (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Banner Number

\_\_\_\_\_  
Date