



Instructional Media Services
 4400 Cathedral Oaks Road, P.O. Box 6307
 Santa Barbara, California 93160-6307
 FAX: (805) 683-3597

Date form completed _____

Digital Media Technician
 (805) 964-4711 ext. 5255
videos@sbceo.org

REQUEST FOR AUDIOVISUAL EQUIPMENT

for Santa Barbara County Education Office Operated Programs

In order to provide our best service and make your event successful, please submit this request for equipment at least two weeks prior to date needed.

Department/Program _____ Person Requesting _____
 Phone Number and Extension _____ E-mail _____
 Name of Workshop/Training (optional) _____
 Start Date _____ and time _____ a.m./p.m. End Date _____ and time _____ a.m./p.m.

AUDITORIUM Equipment

<input type="checkbox"/> Large A/V Presenter Podium* (stage screen, video monitor, 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"/> Overhead transparency <input type="checkbox"/> Handheld microphone* (wireless)	<input type="checkbox"/> Clip-on/lapel microphone* (wireless) <input type="checkbox"/> Small wooden lecture podium <input type="checkbox"/> Wired handheld microphone ____ (quantity) <input type="checkbox"/> Microphone stand (5' to 6' height) ____ (quantity) <input type="checkbox"/> Microphone stand (for desktop) ____ (quantity) <input type="checkbox"/> Easel/chart rack ____ (quantity) <input type="checkbox"/> Portable projection screen ____ (quantity) <input type="checkbox"/> Videoconference equipment**
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**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.*

BOARD ROOM Equipment

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

CABINET CONFERENCE ROOM Equipment

Videoconference equipment**
 LCD projector
 DVD player VCR player (both have TV monitor)
 In-house projection screen
 Document camera Overhead transparency
 Computer speakers
 Easel/chart rack ____ (quantity)

<p>OTHER LOCATION and OFF-SITE Equipment</p> <input type="checkbox"/> LCD projector ____ with stand <input type="checkbox"/> DVD player ____ with TV monitor on cart <input type="checkbox"/> VCR player ____ with TV monitor on cart <input type="checkbox"/> Overhead transparency projector ____ with stand <input type="checkbox"/> Small computer speakers <input type="checkbox"/> Portable PA system <input type="checkbox"/> Small amplifier <input type="checkbox"/> Document camera	<p>Location: _____</p> <input type="checkbox"/> Easel/chart rack ____ (quantity) <input type="checkbox"/> "Boom Box" for playing CDs <input type="checkbox"/> Wired handheld 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) <input type="checkbox"/> Extra extension cord ____ (quantity)
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Other (please specify): _____

**Return completed form to Digital Media Technician, IMS Dept., via email or fax.
 Please note: Fees may apply for equipment use and staff time.**