



Media Services Events Form

To view our website or use our online form please visit my.simmons.edu/technology/media

Contact & Event Information

Filled Out By:	Phone:	Location:
Requested By:	Date Ordered:	Set Time
Department:	Date of Event	Event Start Time:
Email:	Event Title:	End Time:

Technology at
Simmons College

Media Services
617-521-2765
Media@simmons.edu

Please fill out the equipment section below. Indicate how many of each piece of equipment you need by putting the number in the space next to the item. Media Services will provide equipment and support for an event that is requested 7 business days in advance. Unless otherwise requested, Media Services will not deliver equipment on days the College is closed.

<p><u>Audio</u></p> <p><input type="checkbox"/> Wired microphone _____</p> <p><input type="checkbox"/> Wireless handheld microphone* _____</p> <p><input type="checkbox"/> Wireless lavalier (clip-on) microphone _____</p> <p><input type="checkbox"/> Table microphone stands _____</p> <p><input type="checkbox"/> Tall microphone stands _____</p> <p><input type="checkbox"/> Podium microphone _____</p> <p><input type="checkbox"/> Boom box _____</p> <p> </p> <p>*Please note that these options are only available in particular rooms.</p>	<p><u>Computers</u></p> <p><input type="checkbox"/> PC Laptop (XP) _____</p> <p><input type="checkbox"/> MAC Laptop (OSX) _____</p> <p> </p> <p><u>Software</u></p> <p><input type="checkbox"/> Power point _____</p> <p><input type="checkbox"/> Quicktime / Real video _____</p> <p><input type="checkbox"/> Other _____</p>	<p><u>Video</u></p> <p><input type="checkbox"/> VCR/VHS _____</p> <p><input type="checkbox"/> DVD _____</p> <p><input type="checkbox"/> TV/VCR _____</p> <p> </p> <p><u>Recording</u></p> <p><input type="checkbox"/> Video recording _____</p> <p style="padding-left: 40px;"><input type="checkbox"/> VHS _____</p> <p style="padding-left: 40px;"><input type="checkbox"/> Mini-DV _____</p> <p><input type="checkbox"/> Cassette tape recording</p> <p><input type="checkbox"/> Digital audio recording</p>	<p><u>Teleconferencing</u> *</p> <p><input type="checkbox"/> How many people attending? _____</p> <p><input type="checkbox"/> How many parties calling in? _____</p> <p> </p> <p><u>Projection</u></p> <p><input type="checkbox"/> Video data projector _____</p> <p><input type="checkbox"/> Over head projector _____</p> <p><input type="checkbox"/> Slide projector _____</p> <p><input type="checkbox"/> Document camera _____</p>
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Special Instructions

<h2>Staff Use Only</h2>
Date Received
Name:
WCO#: