

MEDIA CENTER/PRESENTATIONS 346-8188/99, ROOM S-508
BOROUGH OF MANHATTAN COMMUNITY COLLEGE/CUNY

STAFF USE ONLY

RECEIVED BY: _____	DATE: _____	TIME: _____
CONFIRMED BY: _____	DATE: _____	TIME: _____

MULTIPLE MEDIA CENTER/PRESENTATIONS REQUEST FORM

ALL SERVICES WILL BE GRANTED ON THE BASIS OF STAFF AND EQUIPMENT AVAILABILITY.

The requester will be require to operate, pick-up and return hardware to S-508 when students/staff are not available. Service can be confirmed only on the date of service by calling ext. 8188/99. Training for hardware operation is available upon request. Directions for indicating service dates: Please indicate the services which are to be repeated on a weekly basis only. A separate form must be filled out for every block of time of the day for duration of this multiple request. For example: **EVERY MONDAY FROM 9:00 TO 11:00 FROM SEPT. 21 TO NOV. 30. APPROVED EQUIPMENT REQUESTS MUST BE MADE IN PERSON IN ROOM S-506 5 DAYS IN ADVANCE OF THE FIRST DATE OF SERVICE.**

Multiple request forms cannot be used for video taping, or public address systems

PLEASE PRINT AND PROVIDE ALL INFORMATION

(Check Only One) Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/>	
BEGINNING DATE OF SERVICE _____	ENDING DATE OF SERVICE: _____
PRINT THE EXACT PERIOD OF TIME THAT THE SERVICE IS REQUESTED TODAY'S DATE: _____	
BEGINNING AT _____ am/pm	ENDING AT: _____ am/pm ROOM: _____
REQUESTER'S NAME: _____	STATUS: _____
DEPARTMENT: _____	PHONE#: _____

PLEASE CHECK EQUIPMENT NEEDED

<input type="checkbox"/> 2X2 SLIDE PROJECTOR	<input type="checkbox"/> SCREEN
<input type="checkbox"/> 16MM PROJECTOR	<input type="checkbox"/> PHONOGRAPH
<input type="checkbox"/> FILMSTRIP PROJECTOR	<input type="checkbox"/> CASSETTE RECORDER/PLAYER
<input type="checkbox"/> OVERHEAD PROJECTOR	<input type="checkbox"/> CD PLAYER
<input type="checkbox"/> OTHER _____	<input type="checkbox"/> LCD PROJECTOR
	<input type="checkbox"/> COMPUTER ()PC () MAC

Personnel requesting services are expected to exercise care in the operations of the equipment. To confirm, cancel services, or to obtain operational assistance, please call The Media Center/ Presentations desk at ext. 8189.

I agree to all the terms stated above X _____

Signature of requestor