## Audio Visual (AV), Media Center (Bookstore) & Technology Support Request Form

Ministry Name		Date of Event	
Type of Event		Time of Event	
Point of Contact Informat	ion:		
First Name	Middle	Last	
Daytime phone number	Evening phone number	Fax phone number	
Email			
Audiovisual Requirements			
Podium with micropho	ne Lavalier/Clip on mic. Number	Microphone with stand Number	
Audio cassette tape play	yback		
Audio CD recording (On	aly in main sanctuary) 🔲 Video taping	Overhead projector for transparencies	
☐ TV ☐ TV/DVD		DVD shown on screen	
Projection of powerpoint presentation Projection of MS Word presentation			
Other [please specify]			
Please specify type of media containing presentation:   CD DVD Flash Drive			
Does presentation contain sound and special effects?			
I have my own laptop Yes No			
If yes, what type and approximate age?			
Bookstore Requirements			
Specify type of services requested:			
Setting up display merchandise Support in selling merchadise			
Other [please specify]			
Type of media to be displayed:			
☐ Books ☐ DVDs ☐ CDs			
Additional assistance [pleas	se specify]		
Technology Requirements			
Require Internet Access Require us of FBCG printer Wireless Hard Wired Credit Card  Network drop activation Installation of Licensed software			
Other [please specify]			

Submitted by	Date submitted
Ministry Leader Signature	Date received
Department Head Signature	Date approved
Please Do Not Write Be	elow This Line - For Events Staff Use Only
Received by	Date received
Approved by	Date approved
Room(s) scheduled	Date(s) approved