

Columbia University

AUDIO VISUAL DEPARTMENT, 111 MATHEMATICS

Service Request

Office Number: 854-4175, 4176, Fax: 854-3164

Web Page: <http://www.columbia.edu/cu/as/form1.html>

*Note: Requests require Three or more days notice. However, every effort will be made to accommodate any special needs.

Today's Date: 11/1/07

Event Location: _____

Event Date: _____

Event Start Time: _____ End Time: _____

Earliest Time Location Available for Setup: _____

*Note: You will be charged for setup time.

Group/Organization: _____

Equipment Requested:

****Recording Needs: Audio Video ****

Requested By: _____ Phone: _____

Bill To: _____ Phone: _____

Billing Address: _____

Billing Acct #: _____

OFFICE USE ONLY

Order Taken By: _____

Estimate (if needed): \$ _____

Scheduled Engineer: _____

Required Set Up Time: _____