

# Columbia University

## AUDIO VISUAL DEPARTMENT MATHEMATICS 111

### *\*Service Request Form\**

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

Web Page: <http://www.avservices.columbia.edu>

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

Today's Date: \_\_\_\_\_

Event Location: \_\_\_\_\_

Event Date: \_\_\_\_\_

Event Start Time: \_\_\_\_\_

AM PM

End Time: \_\_\_\_\_

AM PM

Earliest Time Location Available for Setup: \_\_\_\_\_

\*Note: You will be charged for setup time.

Group/Organization: \_\_\_\_\_

Equipment Requested:

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**\*\*Audio Recording:**  **\*\*Video Recording:**

Requested By: \_\_\_\_\_

Phone: \_\_\_\_\_

Bill To: \_\_\_\_\_

Phone: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Billing Acct #: \_\_\_\_\_

OFFICE USE ONLY

Order Taken By: \_\_\_\_\_

Estimate (if needed): \$ \_\_\_\_\_