



SPECIAL EVENT SUPPORT

Media Services, St. Philip's College, 1801 Martin Luther King, San Antonio, Texas 78203

Name: _____ **Phone:** _____

Department: _____ **Requestor:** _____

Title of Event: _____

Location of Event: _____

Date of Event: _____

Start Time: _____ **End Time:** _____

Time Media Services Needed: _____

Type of Services Needed:

- Video recording**
- Sound amplification**
 - Podium #**_____
 - Table mics. #**_____
 - Floor mics. #**_____
- Photography**
 - Digital** **35mm film**

Equipment:

- Overhead #**_____
- Flipchart #**_____
- Slide projector #**_____
- Screen #**_____
- TV/VCR combo #**_____
- TV/DVD combo #**_____
- Video projector**
- Computer projector**
- Other** _____

Please attach Billing Authorization

Form to request photo printing

Diagram of setup of all equipment and include other event information

Please attach Billing Authorization Form for all services provided.

Received by: _____ **Date received:** _____