

NOTE: This form is not to be used for requesting new or replacement equipment for your classroom or office.

~ Reserving / Scheduling the Use of Technology Equipment ~

Event Information

Date _____ Start Time _____ End Time _____

Location/Building* _____  Room/Area _____

*If 'Other', please explain... _____

Equipment/Services Needed

- | | | |
|--|--|---|
| ☐ Computer, Laptop | ☐ Network Cable Length? _____ | ☐ Microphone |
| ☐ Computer, Desktop | ☐ DVD Player | ☐ Speakers |
| ☐ Network Connectivity | ☐ Projector (Data) | ☐ Telephone |
| ☐ Wireless Connectivity | ☐ Projection Screen | ☐ Webcast/Webinar Connection |
| ☐ Tech Support (available Monday-Friday during normal work hours) | | |
| ☐ Other (please describe) _____ | | |

Contact Information

Name _____ Organization/Position _____

Phone _____ Email _____

Please use this space to provide any additional information that will help us meet your needs.

If you are using a personal or business laptop that is not on the CASD network, your request for configuration must be approved and set up through the Technology Department prior to your presentation.*

Guest Accounts must also be approved and set up in advance of your event.*

Our technicians do test all equipment when they set up for events; however, to avoid delays caused by unforeseen technical difficulties, we strongly recommend that you arrive early enough to turn on and test the equipment. Also, allow yourself time to get connected to the network before the start time of your event.

>>> ***This form is for reserving technology equipment and related support only! Please make sure you reserve the location/room through Facility Scheduler or the building secretary. Thank you.***

***Your request must be received a minimum of five (5) workdays prior to your event.**

Print Form

Reset Form

Submit by Email