

Multimedia Services

A729

713-221-8190

Equipment and Instructional Media Reservation Form

Name _____ Date _____

Telephone(w) _____ Telephone (h) _____

Email Address _____

Equipment required [Select Equipment from list] _____

Media Required (name of program) _____

One Time reservation ____ Semester reservation ____

Date(s) Needed _____ Time Needed _____

Time Finished _____

Location _____

Delivery ____ Pickup ____ Order received by _____

Confirmation requested ____

* Multimedia equipment may not be taken off-campus without the permission of Multimedia services Department