## AUDIO VISUAL SERVICES UNIT TECHNICAL SET-UP SERVICE FORM

Tel: 3943 6059 Fax: 2603 5301 Email: avsusetup@cuhk.edu.hk

	Eman: avsusetup@cunk.euu.nk		FOR OFFICE USE ONLY		
				Job No:	
Name of Applicant:				Date :	
	Block Letters)			t	
enartment:		Address	Tel·	Date:	
c <sub>P</sub>	<u></u>	/ Idd1055.	101	Butc	
	Date and time of use	<del>-</del>			
	Date:	fro	om <u>am/p</u>	om to <u>am/pm</u>	
	Name of Event:				
	Venue:				
	Description of service required:				
í.	Equipment required:  Indicate the type(s) and no(s). of equipment required.				
	P. A. System	Portable	Screen	Others/Accessories	
	Portable P. A.	Portable 1	LCD Video Projector		
			ce Microphone		
	Microphone (Wireless)	Video Co	onference Camera		
	Mic Stand (Floor)	Wireless	Presenter		
	Mic Stand (Table)	CD/DVD	/Blu-ray Player		
	wife Stalia (Table)				
	Audio Recording		n Stand-by No / Yes	Time:to	
	Audio Recording	Technician		if booking is accepted.	
	Audio Recording	Technician			
	Audio Recording  Account code for th	Technician	arge for this booking, i	if booking is accepted.	
	Account code for th  Company Code	Technician		if booking is accepted.	

Applicant Signature

Endorsed By (Dept. Head)

Please send the completed form to:

Audio Visual Services Unit LG2/F, Lady Shaw Building

3. There is no guarantee that each off-hour request can be accommodated.

Requests for such services should be made at least SEVEN working days in advance.