## **Audio/Visual Request Form**

Name:
Department/Company:
Phone:
Fax:
Event Date(s) :
Event Time:
Event Location:
Please list all equipment required:
Please describe any special set-up instructions required:
Office Notes:

\*\*\*Please submit <u>3 weeks</u> in advance\*\*\* Email: brett.auletta.stonybrook.edu or Fax 631-632-5040