



HOLY NAMES UNIVERSITY

FAX- 510.436.1289
MAIL- **Attention: Campus Services**
Holy Names University 3500 Mountain Blvd. Oakland, CA 94619

Campus Services Audio/Visual Request

Please fill out this form completely and accurately.

In order to receive a confirmed copy of this form, submit your request at least 48 hours prior to the date and time of your event or class. Return this form via campus mail

or in person to Campus Services in the Soda Commons building directly across from the California Room. You may also fax in your request to 510-436-1289 or get more information by calling 510-436-1508. You will receive a call only if your request cannot be approved.

Name: _____ Date: _____

Phone Number: _____ Department: _____

Date(s) Needed: _____

Event/Class: _____ Time: _____

Set-Up Time: _____ Pick-Up Time: _____

Building: _____ Room: _____

Equipment Needed: *Please circle all that apply*

TV/VCR	Portable Screen	Overhead Projector
CD/Tape Player	LCD Projector	Laptop Computer
Easel/Flip Chart	Slide Projector	Podium
Public Address System	Microphone	Other: _____

FOR OFFICE USE ONLY

This request has been: Approved Denied Event/Class # _____

By: _____ Date: _____