

# UCLA Audio Visual Equipment Request Form

Phone 310 206-6591

Fax 310 825-3996

For information on making a reservation , please refer to the "Usage Policies" at [www.oid.ucla.edu/avs](http://www.oid.ucla.edu/avs)  
This is an **interactive form**, you may fill it out and submit it online, or print it out and fax it to us.

Department

Billing Info  Department Code  Recharge Code

Course# or Event

### Instructor/Client

First Name  Last Name

Phone Number  Office

Email Address  Building name and office

### AV Order Requested By:

First Name  Last Name

Phone Number  Office

Email Address  Building name and office

Date of Request  Time of Request

### Event Location

Building  Room

Dates	Start Time	End Time	Equipment Requested
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Note: Picture ID is required for all will-calls

**Delivery Preference**  
(Choose One)

- Will-Call     Set/Strike     Show

**You DO NOT have a reservation until you receive either an E-mail or telephone confirmation**