

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
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