

REQUEST FOR EQUIPMENT CONSULTATION SERVICES

The completed analysis will provide us with information to determine your needs. Please provide as much information as possible.

Name:

Department:

Phone:

Campus:

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| What equipment are you looking for? |
| How do you plan to use the equipment? <i>Example:</i> Primarily to record Student interviews in a classroom setting. |
| Where do you plan to use the equipment? <i>Example</i> classroom, auditorium? Boardroom |
| Is this equipment intended to replace existing equipment? If so, include the make and model of the equipment to be replaced. |
| Who will be using this equipment? Students? Faculty? Limited to your use only? |
| What is the general experience of the user? None, some experience, very experienced? |
| Are you familiar with this type of equipment? |
| What is your budget for the purchase of this equipment? |
| What are your concerns about purchasing this equipment? Training, cost, ease of use etc? |

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| How often will the equipment be used? 24/7, 20 hours a week, less than 20hours week, 1 per month |
| Are there any features you strongly desire? <i>Example</i> :recording music performances |
| If applicable do you plan to connect this equipment to a computer? If so, will it be a PC or a Mac? |
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Complete in full and submit to the Audiovisual Department on your campus. Please allow two weeks to process.

Note: We will make every attempt to get back to you with a recommendation within 2 weeks; if we cannot make this timeline we will notify you.