Berlin Student Lounge

Student Affairs Tech Request

Please complete the following and submit to the Student Affairs Office (SAO).

**We cannot ensure your request will be approved unless it is submitted at least one week in advance.**

Only the SAO Technician and/or authorized personnel may set up and operate the equipment.

<table>
<thead>
<tr>
<th>Name</th>
<th>Event Date</th>
<th>Phone</th>
<th>Event Prep Start Time</th>
<th>Email</th>
<th>Event Prep Start Time</th>
<th>Equipment Needs Set-Up by</th>
<th>A.M / P.M.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Email</td>
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</tr>
<tr>
<td>Event</td>
<td>Organization</td>
<td>Box #</td>
<td>Expected Attendance</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Please ensure someone is in the lounge during set-up to address any issues that arise*

Please fill out this section if your event is minor. If something you will want is not listed below, your event may be major. Please contact the SAO at 724-946-7110.

- [ ] Microphone 1 + Stand
- [ ] Microphone 2 + Stand
- [ ] Microphone 3 + Stand
- [ ] Microphone 4 + Stand
- [ ] Laptop
- [ ] Clip on Microphone
- [ ] Projector Cart + Screen

*SAO laptop is very slow. It is recommended you bring your own.

*Computer not included. Please indicate below if you will be using audio.

Also, what type of laptop you will be using (i.e. Mac v. PC)?

**Concert / Dance**

Tell us briefly about your event. Include copy of the contract or tech rider if you have one.

An SAO technician or authorized individual will be present at the event prep time start.

**About Your Event**

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

RESERVED BY _________________________________ DATE _________________

Signature

Yellow, Applicant Copy; White, SAO Copy

Office Use Only

DATE _________________________________

APPROVED BY _________________________________

TECHNICIAN _________________________________

Approved adjustments made via email/phone.

Rev. 10/6/2015