



University of Science and Technology of Southern Philippines  
Cagayan de Oro Campus  
C.M Recto Avenue, Lapasan, Cagayan de Oro City

## Audio Visual Center

### Audio Visual Services/Request Form

Number of Participants

#### Audio Visual Room Assigned (Please Check)

- ☐ Audio Visual Room 1 (Ground Floor, ITB Phase-2)  
☐ Audio Visual Room 2 (4<sup>th</sup> floor, ICT building)  
☐ Audio Visual Room 3 (6<sup>th</sup> floor, Engineering Complex)

Applicant: \_\_\_\_\_

(Class/Students Org./Dept./Unit/Group)

#### Department: (Please Check)

- |   |   |
|---|---|
| <input type="radio"/> College of Engineering and Architecture         | <input type="radio"/> Graduate School           |
| <input type="radio"/> College of Science and Mathematics              | <input type="radio"/> Students Organization     |
| <input type="radio"/> College of Science and Technology Education     | <input type="radio"/> University Administration |
| <input type="radio"/> College of Information Technology and Computing | <input type="radio"/> Outsider Client           |
| <input type="radio"/> College of Technology                           |   |
| <input type="radio"/> Others, Please Specify _____                    |   |

Date Reserved : \_\_\_\_\_

Time: \_\_\_\_\_

Date Actual Use: \_\_\_\_\_

Time: \_\_\_\_\_

#### Purpose: (Please Check)

#### Equipment Needed: (Please Check)

- |  |  |
|--|--|
| <input type="radio"/> Lecture/Forum/Symposium      | <input type="radio"/> Multi-media Data Projector (LCD Projector) |
| <input type="radio"/> Film Showing                 | <input type="radio"/> Sound System Set                           |
| <input type="radio"/> Seminar/Workshop             |  |
| <input type="radio"/> College Meeting/Conference   |  |
| <input type="radio"/> Stage Drama                  |  |
| <input type="radio"/> General Assembly             |  |
| <input type="radio"/> Others, Please Specify _____ |  |

Time of Event: \_\_\_\_\_

Contact No: \_\_\_\_\_

Reserved by: \_\_\_\_\_

Noted by: \_\_\_\_\_

Confirmed by: \_\_\_\_\_

\_\_\_\_\_  
(Signature above Printed Name)  
Person Made a Reservation

\_\_\_\_\_  
(Signature above Printed Name)  
Unit/Department Head

\_\_\_\_\_  
(Signature above Printed Name)  
Audio Visual Office

Please see back for guidelines on the use of Audio Visual Room & Facilities