**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**

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

Noted by:

(Signature above Printed Name)

Unit/Department Head

Confirmed by:

(Signature above Printed Name)

Audio Visual Office

Reserved by:

(Signature above Printed Name)

Person Made a Reservation

**Time of Event:**

Contact No:

**Multi-media Data Projector (LCD Projector)**

**Sound System Set**

**Lecture/Forum/Symposium**

**Film Showing**

**Seminar/Workshop**

**College Meeting/Conference**

**Stage Drama**

**General Assembly**

**Others, Please Specify**

**Date Reserved : Time:**

**Date Actual Use: Time:**

**Purpose: (**Please Check**) Equipment Needed: (**Please Check**)**

**Graduate School**

**Students Organization**

**University Administration**

**Outsider Client**

**College of Engineering and Architecture**

**College of Science and Mathematics**

**College of Science and Technology Education**

**College of Information Technology and Computing**

**College of Technology**

**Others, Please Specify**

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

**Department:** (Please Check)

**Applicant:**

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

* **Audio Visual Room 1 (Ground Floor, ITB Phase-2)**
* **Audio Visual Room 2 (4th floor, ICT building)**
* **Audio Visual Room 3 (6th floor, Engineering Complex)**