Video/Audio Production Planning Form

Date of Request: ____________________
Event Coordinator: ____________________ Department: ____________________________
Phone #: ____________________ Email Address: ________________________________
Date of Event: ___________ Start Time: ________ Setup Time: ________ Duration: ________
Name of Event: _______________ Event Location: ______________________________
Audience Size: __________ Videography Services Required ____ (Release form must be signed/attached)

Audio Equipment # Video Equipment Other
Podium Mic ____ Data Projector □ Access to LAN □
Wireless Hand Mic ____ Computer □ Wireless Remote □
Wireless Lapel Mic ____ DVD/VHS Unit □ Audio in Ppt □
Table Mic ____ TV- DVD/VHS Unit □ Multiple cameras □
Standing Mic ____ Projection Screen □
Portable Mixer ____
House Mixer ____
Anchor Portable ____ Notes:
BOSE System ____
House Speakers ____

Key

○ = presenter(s)
□ = table/stage/podium
● = mic(s)
= screen
■ = projection system
▲ = camera(s)
+ = speaker(s)
--- = cable path

Layout