

AUDIO/VISUAL REQUEST

Name _____ Room # _____

Phone _____ Date _____ Time _____

Department _____ Account # _____

Equipment Needed:

- | | |
|---|--|
| <input type="checkbox"/> Slide Projector | <input type="checkbox"/> LCD Panel with Overhead Projector |
| <input type="checkbox"/> Overhead Projector | <input type="checkbox"/> Video/Data Projector |
| <input type="checkbox"/> Screen | <input type="checkbox"/> Intel Computer/Laptop |
| <input type="checkbox"/> 1/2" VHS Player /Monitor | <input type="checkbox"/> Macintosh Computer/Laptop |
| <input type="checkbox"/> Camcorder and Tripod | <input type="checkbox"/> Easel with Flip Pad |
| <input type="checkbox"/> Laser Light Pointer | <input type="checkbox"/> Audio Cassette Recorder/Player |
| <input type="checkbox"/> PA System | Special Instructions: _____ |
| <input type="checkbox"/> Other _____ | _____ |

INSTRUCTIONAL COMMUNICATIONS

Nell Hodgson Woodruff School of Nursing

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