



Equipment/Furnishings Only Request

University Center; Office of Conferences & Scheduling
918-458-2122; fax 918-458-2308

Type of Event _____

RESPONSIBLE PARTY'S PRINTED NAME _____

LOCATION OF EVENT _____

DATE & TIME OF EVENT _____

Equipment requested (please specify if more than one)

- | | | |
|--|---|---|
| Tripod Screen(s) <input type="checkbox"/> how many _____ | Speaker <input type="checkbox"/> how many _____ | Round Table <input type="checkbox"/> how many _____ |
| Microphone(s) <input type="checkbox"/> how many _____ | DVD <input type="checkbox"/> how many _____ | 6ft Table <input type="checkbox"/> how many _____ |
| Overhead Projector <input type="checkbox"/> how many _____ | Easel <input type="checkbox"/> how many _____ | Sound Board <input type="checkbox"/> how many _____ |
| Dolly/Carts <input type="checkbox"/> how many _____ | Podium <input type="checkbox"/> how many _____ | Data Projector <input type="checkbox"/> how many _____ |
| Sound Board <input type="checkbox"/> how many _____ | Stage <input type="checkbox"/> how many _____ | Laptop Computer <input type="checkbox"/> how many _____ |
| Beverage Cooler <input type="checkbox"/> how many _____ | VCR <input type="checkbox"/> how many _____ | Television <input type="checkbox"/> how many _____ |
| Chairs <input type="checkbox"/> how many _____ | | Extension Cords <input type="checkbox"/> how many _____ |

Other (please describe) _____

Date Requested _____

Requested By _____

IF THE EVENT IS BEING HELD IN THE ALUMNI CENTER, NET BUILDING OR UNIVERSITY CENTER YOU MAY SKIP THIS SECTION.

Will equipment be delivered by University Center Staff? **Yes** **No**

Delivery Date & Time _____

Delivery Location: _____

Will equipment be picked up by University Staff? **Yes** **No**

Pickup Date & Time _____

Pickup Location: _____

I understand and agree to pay the one-way delivery fee of \$30.00 for delivery or pickup inside of the Tahlequah City Limits. I further agree in the event damage should occur while in my position I will pay for any and all repair or replacement cost. Replacement cost may also include loss of use or rental of additional equipment until replacement equipment can be obtained.

Signature of Responsible Party _____

Contact Phone Number _____ **Fax Number** _____

For Office Use Only Email Telephone In person

Space/Invoice # _____ Customer Id # _____

Rental Amount _____