



Event Recording Request Form (SZABIST Media Activity)

Name: _____	Programme Dept. _____
Event: _____	
Date : _____	Time From : _____ To: _____
Event Venue : _____	Indoor Outdoor

Camera / Lights (ENG KIT) Required:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Editing Required:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Final Medium:	<input type="checkbox"/> CD	<input type="checkbox"/> VCD	<input type="checkbox"/> DVD
Any Other Special Request : _____			

Note:

- All requisitions must be made 48 hours before event.
- In case of emergency please contact Media Activity Supervisor.
- Please reconfirm your requisition status one 24 hours before event time.
- Priority is given to Media Sciences Student Projects.

Thank you for your cooperation.

Program Organizer

Faculty / Media Activity Supervisor

Coordinator Media Sciences

Dean of Social & Media Sciences