AUDIO VISUAL SERVICES UNIT TECHNICAL SET-UP SERVICE FORM

Tel: 3943 6059 Fax: 2603 5301 Email: avsusetup@cuhk.edu.hk

| | Eman. avsusetup@eunk.edu.nk | | Job No: |
|---|--|---|--|
| Name of Applicant: (In Block Letters) | | | Date : |
| Department: | Address: | Tel.: | Date: |
| 1. Date and time of use | | | |
| Date: | from | am/pm | to <u>am/pm</u> |
| 2. Name of Event: | | | |
| 3. Venue: | | | |
| 4. Description of service | required: | | |
| 5. Equipment required: <i>Indicate the type(s) and no(s).</i> | | | |
| P. A. System | Portable Screen | | Others/Accessories |
| Portable P. A. | | Portable LCD Video Projector | |
| Microphone (Wire) Microphone (Wireless) | | Conference Microphone Video Conference Camera | |
| Mic Stand (Floor) | | Wireless Presenter | |
| Mic Stand (Table) | CD/DVD/Blu-ray | Player | |
| 6. Account code for the r Company Code Cost Ctr/Project/ Business Area Code Account Code | elated operation charge for | this booking, if bo | |
| | hnician's stand-by and support serv rehearsal and technician's stand-by | | Vtechnician, including equipment set-up, |
| 2. Off-hour service wil | l be charged in accordance with the | charging scale as appro | oved by the University. |
| 3. There is no guarante | ee that each off-hour request can be d | accommodated. | |
| 4. Requests for such se | rvices should be made at least <mark>SEVE</mark> | <mark>N</mark> working days in advo | ince. |
| Applicant Signature | | | Endorsed By (Dept. Head) |

Please send the completed form to:

Audio Visual Services Unit LG2/F, Lady Shaw Building

July 2025