STUDIO REQUEST ORDER FORM

Worcester Polytechnic Institute Academic Technology Center

Name: _____. Today's Date: ____/_____/_____

Date of Taping: ____/____/_____ Time Requested: ___:_____ to ___:_____

*Opening Slide Information Title(s):

_____

Course Name **Section Number**

_____

Professor Name **Guest Speaker Name**

_____

Other Name **Other Title**

*Please check off and fill in all that apply:

- **Post to Media Server** (***we will provide the location after the class has been taped)***
- **Post to myWPI Site: If yes, please provide the following information:**
  Course ID (eg. FP554-S07):_____
  Contained in course menu item (eg. Assignments):_____
  Contained in folder name (eg. Week 1):_____
- **Are you playing a video or have audio content in a Power Point Presentation that requires volume?**
- **Final Product (*please indicate the quantity in the spaces provided):***

DVD ($3)_____ DATA CD ($2)_____VHS ($2.50)_____ TOTAL:_____

- **Master Tapes (if any, how many):** **DVCAM T- 124 [2 hours] ($27)_____**
  *To store & save your recording **DVCAM T- 184 [3 hours] ($30)_____**
- **Paid?** **TOTAL COST $_____**

*Special instructions or requests:

_____

_____

_____

*For office use only- (please initial when completed)

- **Date & time has been approved and is available:_____**
- **Event is scheduled in the ATC Studio Calendar:_____**
- **A technician has been scheduled to assist (name):_____**

Notes or other information:_____