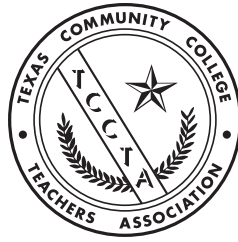


# URGENT! DUE FEBRUARY 1

**IMPORTANT!  
SEE ACCOMPANYING  
MEMO ON MEDIA  
REQUESTS**



## TEXAS COMMUNITY COLLEGE TEACHERS ASSOCIATION

### SECTION MEETING MEDIA EQUIPMENT REQUEST FORM

Send completed form **NO LATER THAN** January 15, 2009 to:

*Texas Community College Teachers Association*

5113 Southwest Parkway, Suite 185

Austin, Texas 78735

**Fax: (512) 328-1086**

**URGENT! REQUESTS FOR MEDIA EQUIPMENT CANNOT BE ACCEPTED  
AFTER THE JANUARY 15, 2009 DEADLINE DATE!**

Name \_\_\_\_\_ Section \_\_\_\_\_

College Address \_\_\_\_\_

Telephone Number: Area Code \_\_\_\_\_ Office \_\_\_\_\_ Home \_\_\_\_\_

Indicate equipment required by completing the appropriate blank(s) below. **PLEASE REQUEST ONLY EQUIPMENT THAT WILL BE USED.**

<i>Day and Time</i>	<i>Equipment</i>
<input type="checkbox"/> Friday, Time: _____ <input type="checkbox"/> Friday, Time: _____ <input type="checkbox"/> Saturday, Time: _____	Overhead Transparency Projector and Screen ( <i>transparencies and markers not provided</i> )
<input type="checkbox"/> Friday, Time: _____ <input type="checkbox"/> Friday, Time: _____ <input type="checkbox"/> Saturday, Time: _____	Carousel Slide Projector with Remote Control and Screen
<input type="checkbox"/> Friday, Time: _____ <input type="checkbox"/> Friday, Time: _____ <input type="checkbox"/> Saturday, Time: _____	Video Cassette Player and Monitor ( <b>IMPORTANT:</b> Player will be in VHS format for 1/2" tape unless otherwise specified. Please confirm tape format before requesting equipment.) ( <i>recording tape not provided</i> )
<input type="checkbox"/> Friday, Time: _____ <input type="checkbox"/> Friday, Time: _____ <input type="checkbox"/> Saturday, Time: _____	Audio Cassette Tape Player-Recorder ( <i>tape not provided</i> )
<input type="checkbox"/> Friday, Time: _____ <input type="checkbox"/> Friday, Time: _____ <input type="checkbox"/> Saturday, Time: _____	Marking Board ( <i>markers not provided</i> )
<input type="checkbox"/> Friday, Time: _____ <input type="checkbox"/> Friday, Time: _____ <input type="checkbox"/> Saturday, Time: _____	*Other Equipment Required: _____

**\*PLEASE NOTE:**

(1) If requested equipment cannot be obtained through TCCTA sources and outside rental of equipment is necessary, rental charges will come from budgeted funds for the section meeting. **PRIOR AUTHORIZATION FOR EQUIPMENT RENTAL IS ABSOLUTELY REQUIRED. PLEASE REQUEST ONLY EQUIPMENT THAT WILL BE USED.**

(2) Due to rental costs, Section Chairs should assume responsibility for making appropriate arrangements concerning any requirements for computer equipment. Frequently, necessary equipment can be borrowed from the Section Chair's own college. In any event, the TCCTA State Office is not able to accept responsibility for obtaining computers or computer equipment.