



Video Recording Request

Information Technology Services * Phone 786-6177 & Fax 786-4485

This form can be used by faculty to request video recording by FTC staff. Video and Audio formats can be complicated topics so we encourage you to discuss your needs with FTC staff. If any portion of this event will involve filming or editing of copyrighted material a notice of copyright and written permission from the copyright holder may be required.

Name: _____ Phone #: _____ Email: _____
Department: _____ Course: _____ Date: ___ / ___ / _____

Org.# _____ Fund # _____ DES Supported? Signature: _____

Step 1	Step 2	Step 3 (optional)
The "who" and "where"	Price Quote	EDITING
<p>Date: ___ / ___ / _____</p> <p>Time: _____ to _____</p> <p>Building: _____</p> <p>Room: _____</p> <p>Briefly describe the event being filmed:</p> <p>Special Requests:</p>	<p>Is this event between 9am and 5pm on a weekday?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Price quoted per hour: \$ _____.</p> <p>Camera Operator: _____</p> <p>Start Time: _____ End Time: _____ <i>1 hr will be added later for setup and tear down</i></p> <p>Tapes Used: _____ Type: _____</p> <p>Editing Charge: \$ _____.</p> <p>Additional Cost Considerations:</p>	<p>Would you like your recorded video edited by FTC staff?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Would you like your recorded video made into a DVD?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>* Number of copies: _____ <i>\$3 / DVD with paper sleeve</i></p> <p>Would you like your file(s) streamed over the internet?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Who will be viewing your streamed file(s)?</p> <p><input type="checkbox"/> Faculty (Broadband Internet) <input type="checkbox"/> Faculty (Dial-up Internet) <input type="checkbox"/> Students (Broadband Internet) <input type="checkbox"/> Students (Dial-up Internet)</p>

FTC Use ONLY

Price quote: \$ _____ Final Cost: \$ _____ Notes on back? YES NO

Completed by: _____ Signature: _____ Date: ___ / ___ / _____