**CARMEL CENTRAL SCHOOL DISTRICT**

**TECHNOLOGY REQUEST FOR IN-HOUSE USE OF FACILITIES**

**(Form must be received by Technology Dept. at least 3 business days prior to activity)**

**School Building:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Room/Location** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Organization/Department:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Person In Charge:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone #/ Ext.**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Use**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Time (Start / End)**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Kind of Activity**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Technology Equipment Needed: (Check All that Apply)**

**Projector:** \_\_\_\_\_\_ **DVD:** \_\_\_\_\_\_\_\_ **Speakers:** \_\_\_\_\_\_\_ **SKYPE:** \_\_\_\_\_\_\_\_

**SMART Board:**\_\_\_\_\_\_\_\_\_ **Computer or Laptop:** \_\_\_\_\_\_\_\_\_ **Webinar (URL):** \_\_\_\_\_\_\_\_\_\_

**Additional:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Will You Be Using The Internet? Yes \_\_\_\_\_\_ (see below) No\_\_\_\_\_\_**

**Please e-mail Lynne Caruso lcaruso@carmelschools.org with the exact web site URL – to be tested) Will Presenter Be Bringing Their Own Equipment?**

**Laptop \_\_\_\_\_\_\_ Macbook \_\_\_\_\_\_ USB (Flash Drive w/presentation) \_\_\_\_\_\_\_\_**

**Please Note:**

If you choose to use your own laptop or Macbook, the Technology Department will **NOT** provide projectors or Internet service. If you are only bringing your own laptop to present a Power Point Presentation, it is suggested that you e-mail your PPT presentation to Lynne Caruso at lcaruso@carmelschools.org prior to the activity.

**Return completed form to Lynne Caruso at DO at least three business days before event.**

NOTE: If event is canceled, please contact Lynne Caruso at District Office

Requester’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Received by Technology: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_