## **TRI Audio Visual Support Request Form**

Please use this form to confirm the IT/audio visual requirements for your upcoming event at TRI. This will allow us to provide the support needed for your event.

Completed forms should be returned to **events@tri.edu.au** 

All requests must be submitted at least 10 business days prior to your event.

## **Contact Details for the Event Organiser**

This is the person responsible for delivering the event, who will be responsible for any costs incurred and for ensuring the event spaces are left in a satisfactory state.

NameEmail		Work Phone	Work Phone	
		Mobile Phone		
Event Detail	S			
Event Name				
Event Date/s		Event Timings	Event Timings	
Venue/s		trium □ Room 2003 PARQ-ed Classroom □ Bo	pardroom	
Additional IT Eq (please note addition available in Auditor	uipment Roving I in the control of the control	icrophones (5 available) Microphones (2 available) (2 available)	Zoom Webinar Licence (1 available) Event WiFi	
Will the event be: ☐ In person only		on only   ☐ Online only	□ Hybrid	
3	hybrid or online, what vid gram will be used? e.g. Zo			
If you have pres	senters lease their	online?	e	



## **TRI Audio Visual Request Form**

## **Event Details continued**

Signature:			Date:	
Name (please print):			<del></del>	
I acknowledge that any last m	ninute changલ	es or request	s may not be able to be accommodated.	
I acknowledge that the above will notify TRI immediately.	details are a	ccurate at th	e time of submission and that if any details chan	ige
contacted via the phone num capacity, a technician may be	ber listed on sent to resol y may occur	the AV scree lve the issue, due to a tech	issues occur on the day, AV support can be en at the lectern. If required, and the team has otherwise a technician will assist over the phone inician not being on standby at the event. Outsid le to offer assistance.	
	ormal busines	ss hours, 8:45	help set up the AV System in your booked room 5am – 5:00pm. If you require additional assistand be charged a fee.	e,
☐ I require assistance for the	•	-		
☐ I only require assistance	-			
☐ I do not require an IT pre	-	_		
Assistance and Acknot Please select the level of serv			nt	
0				
□ I understand and acce	pt the condi	tions listed	above.	
• We require at least <u>10 b</u>	<u>usiness days</u>	notice if you	wish to bring in your own audiovisual/IT equipm	ent
may be charged for this.	•			
While connecting and di	sconnecting	the A/V syste	m, a TRI IT Staff member must be present and yo	ou
<ul> <li>TRI offers no guarantees</li> </ul>	s, and it is un	likely, that yo	our equipment will function in our environment.	
following conditions:	'	, ,	•	
•	•		ase confirm that you understand and accept the	, <b>u</b>
	=	-	ucture in our event spaces is quite complex. If yo	
			to bring in your own audiovisual/IT equipment fo	nr.
External AV Equipme	nt (Condit	ions)		
Will there be an in-room panel discussion?	□ Yes	□No		
Will there be any videos or non-standard media used throughout your event?	□ Yes	□ No	If yes please provide details	

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