

REQUEST TO USE THE CTRE MULTIMEDIA TRAINING FACILITY

DATES REQUESTED

Please indicated if you have already reserved/confirmed the facility availability with someone at CTRE

Dates and alternates	Beginning & Ending times	Number of Students	Notes (Confirmed? By whom? When?)

AUDIO-VISUAL EQUIPMENT NEEDED

- Computer projector
 Media cart
 Other: _____
(Additional Rooms for breaks, etc.)

SOFTWARE LICENSES

I certify that we can produce the legal number of licenses for the software that will be loaded onto the CTRE facility computers for the established training period.

Name (printed) _____
Title

Signature _____
Date

BILLING INFORMATION

Use of CTRE equipment and services are **\$500** per day for ISU affiliated organizations (\$300 per day for sponsors of CTRE). If more than an hour of CTRE system support specialist or other staff is required to assist in the loading and customizing of the software, labor and fringe will be charged at \$20/hour.

Name and address to send invoice:

CONTACT INFORMATION

	Name	Phone	Fax	E-mail
Main coordinator:				
Instructor:				
Software Coordinator:				
CTRE event contact:				

REQUESTOR SIGNATURE _____

Name (printed)

Organization

Date