

# Council of Professional Teaching Associations of Victoria

150 Palmerston Street Carlton VICTORIA 3053

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## AV Equipment Booking Form

Name of organization \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Contact name \_\_\_\_\_

### Equipment requested

Data show projector       Overhead projector       Video

DVD player       Screen       Lectern

Pick up date \_\_\_\_\_ Return date \_\_\_\_\_

SRC use only

Off-site use

Name and address of venue if off-site \_\_\_\_\_

\_\_\_\_\_

CPTAV does not require any security deposit for the use of its AV equipment however, the borrowing organization must accept responsibility for loss or damage and must bear the cost of any repairs or replacement.

Signed \_\_\_\_\_

Print name \_\_\_\_\_

On behalf of \_\_\_\_\_

Date \_\_\_\_\_