Video Services provides audio and video event recording services. Please complete and sign the following form. Return to [media@utdallas.edu](mailto:media@utdallas.edu). You will be contacted by a Video Services staff member to discuss your event. Our fee is$30/hr per technician for non-course-related events. There is an additional charge for multiple copies of DVDs/CDs. See below.

**Important - This form is for Video Services only; to request other media equipment, use the Media Event Technology Request Form at** [**http://www.utdallas.edu/forms/documents/EventTechnologyRequest.doc**](http://www.utdallas.edu/forms/documents/EventTechnologyRequest.doc)

**Click in the shaded fields - they will expand as needed.**

**Top of Form**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **CONTACT INFORMATION** | | | | | | | | | | | | | | |
| **Event Contact Name** | |  | | | | | | | | | | | | |
| **School/Department** | |  | | | | | | | | | | | | |
| **Contact Email** | |  | | | | | | | **Phone** | | | | | **Room** |
| **Account Number** | |  | | | | | | | | | | | | |
| **Signature Authority Name\*** | |  | | | | | | | | | | | | |
| **Signature Authority Email** | |  | | | | | | | **Phone** | | | | | **Room** |
| **Deliver Final Product to** | | Contact (above)  Signature Authority (above)  Other (specify below) | | | | | | | | | | | | |
|  | | **Name** | | | | | | | **Phone** | | | | | **Room** |
| \* The Signature Authority is the person authorized to sign for the account number given. This may or may not be the event coordinator. Please check with your office administrator. | | | | | | | | | | | | | | |
| **EVENT INFORMATION** | | | | | | | | | | | | | | |
| **Event Title** | |  | | | | | | | | | | | | |
| **Event Description** | |  | | | | | | | | | | | | |
| **Expected Attendance** | |  | | | | | | | | | | | | |
| **Will there be press at event?** | | no  yes | | | | | | | | | | | | |
| **Event Type** | | single event (continue to Date of Event) | | | | | | | | | | | | |
|  | | multiple event (please complete a separate event form for each event) | | | | | | | | | | | | |
|  | | recurring event (please indicate start date and stop date) | | | | | | | | | | | | |
|  | | **Start Date** | |  | | | | | **Stop Date** | | | |  | |
| **Date of Event** | |  | | |  | | | | | | | | | |
| **Time of Event** | | **Start Time** | |  | | | | | **End Time** | | | |  | |
| **Event/Facility Location** | |  | | | | | | | | | | | | |
| **Important!** Facility reservations are the responsibility of the event coordinator/sponsoring organization. Please ensure the facility is reserved 1 ½ hours prior to the event start time and for 1 hour after the scheduled event end time to allow for equipment setup and breakdown. | | | | | | | | | | | | | | |
| **Other information** | |  | | | | | | | | | | | | |
| **RECORDING INFORMATION** | | | | | | | | | | | | | | |
| **Service Requested** | | Audio recording only | | | | | Audio and Video recording | | | | | | | |
|  | | Entire event | | | | | Portion of event (see below) | | | | | | | |
| 1. Start       Stop | | | 2. Start       Stop | | | | | | | 3. Start       Stop | | | | |
| **Cameras (if video requested)** | | Single camera | | | | Multi-camera (2-3) | | | | | | Not sure | | |
| **Special instructions** | |  | | | | | | | | | | | | |
| **PRODUCT FORMAT** | | | | | | | | | | | | | | |
| (if you are unsure about any of this, contact [Media@UTDallas.edu](mailto:Media@UTDallas.edu), ext 4900) | | | | | | | | | | | | | | |
| **Computer file** | | | | | | | | | | | | | | |
| Preferred format (AVI, Mpeg, QuickTime, Real Player, Windows Media, Flash, etc.) | | | | | | | | | | | |  | | |
| Resolution |  | | | | | | | | | | | | | |
| Onscreen graphics? (e.g. chapter titles, titles for presenters) | | | | | | | | no | | yes | | | | |
| Integrate a presentation (PowerPoint, DVD or VHS)? | | | | | | | | no | | yes | | | | |
|  | | | | | | | |  | |  | | | | |
| **DVD** | | | | | | | |  | |  | | | | |
| Title menu? | | | | | | | | no | | yes | | | | |
| chapters? | | | | | | | | no | | yes | | | | |
| Onscreen graphics? (e.g. chapter titles, titles for presenters) | | | | | | | | no | | yes | | | | |
| Integrate a presentation (PowerPoint, DVD or VHS)? | | | | | | | | no | | yes | | | | |
|  | | | | | | | |  | |  | | | | |
| **Number of CDs/DVDs** (1-4 are included in cost of recording) | | | | | | | |  | | | | | | |
| Please note the additional cost below. | | | | | | | |  | |  | | | | |
| |  | | --- | | B&W Labels 5-10 --- $20 (30 minutes production + materials cost) 10-25 --- $50 (30 minutes production + materials cost) 25-50 --- $80 (1 hour production + materials cost) 50+  --- increase price by $40 for increments of 25 (1 hour production + materials cost)  Color Labels 5-10 --- $30 (30 minutes production + materials cost) 10-25 --- $60 (30 minutes production + materials cost) 25-50 --- $90 (1 hour production + materials cost) 50+  --- increase price by $50 for increments of 25 (1 hour production + materials cost) | | | | | | | | | | | | | | | |
| **Streamed (archived)** | | | | | | | |  | |  | | | | |
| Resolution |  | | | | | | | | | | | | | |
| Bandwidth |  | | | | | | | | | | | | | |
| Onscreen graphics? (e.g. chapter titles, titles for presenters) | | | | | | | | no | | yes | | | | |
| Integrate a presentation (PowerPoint, DVD or VHS)? | | | | | | | | no | | yes | | | | |
| **Streamed (live)** | | | | | | | | | | | | | | |
| Resolution |  | | | | | | | | | | | | | |
| Bandwidth |  | | | | | | | | | | | | | |
| **COPYRIGHT PERMISSIONS** | | | | | | | | | | | | | | |
| Not all subjects (guest lecturers, etc) allow videotaping. Requestor must provide evidence of permission to record and sign below. See the Talent Release Form at <http://www.utdallas.edu/communications/docs/talent_release.pdf> Video Services will review requests and may deny recording. You will be contacted if this is the case. (Sign below) | | | | | | | | | | | | | | |
| I certify that  I have received permission from the subject of the recording and have attached such permission.  I or the following organization       (of which I am an authorized representative) have appropriate permissions for the recording. | | | | | | | | | | | | | | |
|  | | | | | | | | | | |  | | | |
| Digital Signature | | | | | | | | | | | Date | | | |
| Submission of this form does not guarantee a confirmation of your request.  Event recordings are subject to technician schedule. If there is a conflict, you will be contacted.  **EMAIL COMPLETED FORM TO** [**media@utdallas.edu**](mailto:media@utdallas.edu)  **Submit video event requests at least one week prior to the event. We cannot guarantee accommodation of requests received later.** | | | | | | | | | | | | | | |

Bottom of Form