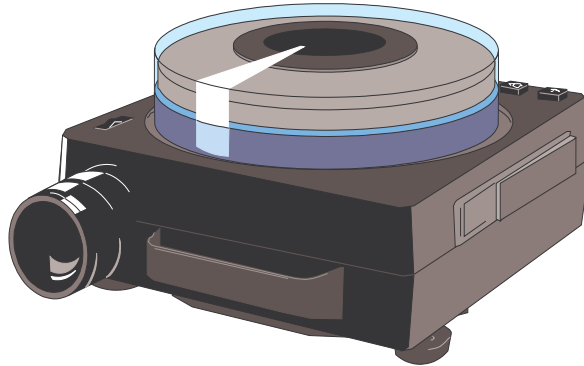


*****For Non-Instructional Use Only*****

Susquehanna Valley Computer Services



*(**For scheduling purposes, please allow at least two weeks notice)*

Presentation Request Form

Name: _____

Date: _____

- School:
- | | | | |
|--------------------------|----------------------|--------------------------|---------------------|
| <input type="checkbox"/> | District Office | <input type="checkbox"/> | Buildings & Grounds |
| <input type="checkbox"/> | SVHS M.O. & G.O. | <input type="checkbox"/> | Brookside M.O. |
| <input type="checkbox"/> | SVMS M.O. & G.O. | <input type="checkbox"/> | Cedarhurst M.O. |
| <input type="checkbox"/> | CSE | <input type="checkbox"/> | Donnelly M.O. |
| <input type="checkbox"/> | Atheletic Department | <input type="checkbox"/> | Health & Wellness |
| <input type="checkbox"/> | Computer Services | | |

Date of Presentation _____

Time: _____ AM/PM

Location of Presentation: (Ex. Library, Careteria, classroom, etc...) _____

- Equipment Needed:
- | | | | |
|--------------------------|-------------|--------------------------|-------------------|
| <input type="checkbox"/> | Mac Laptop | <input type="checkbox"/> | Projector |
| <input type="checkbox"/> | PC Laptop | <input type="checkbox"/> | Projector Screen |
| <input type="checkbox"/> | Mac Desktop | <input type="checkbox"/> | Television |
| <input type="checkbox"/> | PC Desktop | <input type="checkbox"/> | External Speakers |
| | | <input type="checkbox"/> | Wireless Mouse |

Are you planning on using your own equipment? Yes___ No___

If Yes, What do you plan on bringing? _____

Software needed for presentation: _____

Do you need internet access? Yes___ No___

Any other concerns or comments? _____

