



REQUISITION FORM — PRESENTATION ACTIVITIES

IDENTIFICATION

Producer's name (individual or organization): _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: _____ Fax: _____

Site Web: _____ E-mail: _____

Project Title: _____

Onsite Project Coordinator: _____ Cell: _____ E-mail: _____

Director: _____ Cell: _____ E-mail: _____

Technical Director: _____ Cell: _____ E-mail: _____

Accounts Payable: _____ Cell: _____ E-mail: _____

ACTIVITY TYPE

Workshop Presentation Conference Concert Networked Event Performance Screening Other: _____

Reception with cocktails with food

TECHNICAL REQUIREMENTS

Projectors: 1 or 2 **Source:** DVD Computer **Sound:** Computer Sound Card CD/DVD Other: _____

Mics Musicians **Speakers:** 2 or 4 or 6 or 8 **Lighting:** On stage Audience

Documentation: Video Photo Audio **Other equipment:** _____

For the reception: Tables Wine glasses Tablecloths + Napkins Serving ware **Coffee maker:** 12 cups 40 cups

OTHER REDQUIREMENTS

Access to the control room/dressing room Craft tables Folding tables Internet access Makeup table Dry-erase board

Other: _____

EQUIPMENT / ACCESSORIES

Please attach a detailed list of the equipment you plan to bring (including the make and model numbers of the principal devices)

Please attach a diagram detailing the desired installation within the space (i.e. seating arrangements, lighting, position of projections, location of the presenter(s), location of the sound + lighting console, etc.)

INFORMATION CONCERNING THE USE OF THE STUDIOS

Number of people present during the activity: _____

Presenters: _____ Musicians: _____ Artists: _____ Technicians: _____ Others: _____

Attendance expected: _____ Number of chairs needed: _____ Coatracks: _____

(Maximum capacity of 50 people. Please consult with the Lab Services Coordinator for further information)

Arrival Date: _____ / _____ / _____ Departure Date: _____ / _____ / _____
Day Month Year Day Month Year

Installation schedule: from _____ : _____ to _____ : _____ (if the schedule varies, please attach a detailed timetable)

Rehearsal schedule: from _____ : _____ to _____ : _____ (if the schedule varies, please attach a detailed timetable)

Activity schedule: from _____ : _____ to _____ : _____ (if the schedule varies, please attach a detailed timetable)

Take-down schedule: from _____ : _____ to _____ : _____ (if the schedule varies, please attach a detailed timetable)

Traffic levels in and out of Studio 01: Mild Heavy **Traffic levels in and out of the lab:** Mild Heavy

Noise Levels: Mild Heavy **Admission fee:** Yes No **if Yes, tickets are available:** beforehand at the door

Are latecomers admitted?: Yes No

PLEASE NOTE

- OBORO does not do publicity for events outside it's annual program. You must do your own publicity;
- A minimum of 2 OBORO staff members must be onsite during the event (this necessitates an additional fee, please consult with the Lab Services Coordinator);
- The lab is equipped with an alarm system, however OBORO is not responsible for the security of your equipment or accessories;
- Please note that there is no available storage space prior to or after studio rental;
- Please note that the use of smoke machines is prohibited on the premises.