

KCAI CONTINUING EDUCATION AUDIO/VISUAL EQUIPMENT REQUEST

Please complete and fax or email back
Fax 816-802-3456
Email: rkartman@kcai.edu

Name: _____

Phone: (w) _____ (h) _____

Course title: _____

Course number: _____

Day of class: _____

Dates of class (from) _____ (to) _____

Location: _____

Please check your equipment needs:

- _____ 35 mm Carousel Slide Projector
- _____ Video/Data Projector
- _____ Cassette Recorder
- _____ Overhead Projector
- _____ Lecternette (Podium w/microphone)
- _____ VHS Payback/Monitor
- _____ CD1
- _____ DVD

Please submit as soon as possible
(at least 3 weeks prior to class beginning)