



**MUSIC DEPT. AUDIO SERVICE**

**2010-2011 RECORDING / DUPLICATION / SOUND SYSTEM REQUEST**

Name of Person Requesting Service: \_\_\_\_\_ Date: \_\_\_\_-\_\_\_\_-\_\_\_\_

Address (if mailing requested): \_\_\_\_\_

City • State • Zip: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

Date of Performance or Recording: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Time: \_\_\_\_\_ am/pm

Name of Ensemble or Performer: \_\_\_\_\_

Location of Performance / Recording: \_\_\_\_\_

Title or Type of Performance / Recording: \_\_\_\_\_

**SERVICE REQUESTED: (check ALL that apply)**

- Recital to be Recorded** (includes one free CD) **\$30.00**
  - Number of **additional** copies @ **\$6.00** each: \_\_\_\_\_
  - Method of delivery:    Mailed (add **\$2.00**)    Left in CSU Mailbox    Left with Secretary in MU337
  - Do you need CD playback or amplification? If yes, check **Sound System** box below and add **\$25** to your total.

- CD Copy of a PAST CSU Concert or Recital @ \$6.00 each.**
  - Number of copies : \_\_\_\_\_
  - Method of delivery:    Mailed (add **\$2.00**)    Left in CSU Mailbox    Left with Secretary in MU337

**Classical Recording Session:** Describe what is to be recorded below. Students/faculty \$30/hr., non-student \$60/hr.

**Sound System:** Describe your amplification needs below. Students/faculty \$25 flat, non-student \$50/hr..

Please submit this completed form **with pre-payment** to the department secretary in Rm. 337. Requests must be submitted at least **fourteen days** before the event. If payment is not received by performance date, services will not be provided. Please allow 30 days for CD preparation and delivery. If you have questions, please contact David Yost at 687-5025, Rm. 345.

**DEPT. USE ONLY:**

Charges: \$

Recording Technician: \_\_\_\_\_

Editor: \_\_\_\_\_

Completion Date: \_\_\_\_\_