



MUSIC DEPT. AUDIO SERVICE

2008-2009 RECORDING / DUPLICATION / SOUND SYSTEM REQUEST

Name of Person Requesting Service: _____ Date: ____ - ____ - ____

Address (if mailing requested): _____

City • State • Zip: _____ Phone: () _____

Date of Performance / recording: ____ - ____ - ____ Time: _____ am/pm

Name of Ensemble / Performer: _____

Location of Performance / Recording: _____

Title / Type of Performance / Recording: _____

SERVICE REQUESTED: (check ALL that apply)

- Recital to be Recorded** (includes one free CD) **\$30 Charge**
 - Number of **additional** copies @ \$6.00 each (maximum of 5): _____
 - Method of delivery: Mailed Left in CSU Mailbox Left with Secretary MU337
 - Do you require sound playback or amplification? If so, check **Sound System** box below. Add **\$25** to your total.

Please submit this completed form **with pre-payment** to 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.

- CD Copy of a PAST CSU Concert or Recital@ \$6.00 each.**
 - Number of copies (maximum of 5): _____
 - Method of delivery: Mailed Left in CSU Mailbox Left with Secretary MU337
 - Pre-payment is required. Please allow 30 days for duplication and delivery.

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..

Description: _____

DEPT. USE ONLY:

Charges: \$

Recording Technician: _____

Editor: _____

Completion Date: _____