



CLASSROOM SETUP REQUEST



CLIENT NAME: _____

STREET ADDRESS: _____

ROOM/DEPT./FLOOR: _____

CITY: _____ **STATE:** _____

ZIP CODE: _____ **COUNTRY:** _____

PHONE: _____ **FAX:** _____

CONTACT: _____ **E-MAIL:** _____

COURSE TITLE: _____

(Course Title will appear on the class sign)

Operating System: Please specify below:

- Windows version _____
- Service Pack _____
- Other _____
- Linux version _____
- Unix version _____

Application Software:

- Office 2003/XP/2007 _____
- Oracle version _____
- Acrobat Reader
- Other _____

What we have in the classrooms: Please encircle item that is appropriate for setup.

CPU Speed: see Room 1 specs or Room 4/5 specs

LCD Projector: SVGA 800 x 600/ 1024 x 768

Monitor: 17" Flat Panel

Sound Blaster: Yes (instructor Only)

White Board: Yes

CD-Rom: Yes

Printer: As requested (not color)

Printer Driver: Yes No **Type:** _____

Will client install own software? Yes No **Software needed:** _____

Flip Chart: None

Other Request:

(If the training facility will install client software, client must deliver the software/image to the facility, a minimum of 5 business days prior to class with complete installation instructions required)

Authorized Signature: _____

Date: _____