**Computer Request**

|  |  |
| --- | --- |
| **Date Requested** |  |
| **Date Needed** |  |
|  **Conference Name** |  |
| **Contact Name** |  |
| **Contact Email** |  |

|  |  |  |
| --- | --- | --- |
| **Equipment** | **Quantity** | **Notes** |
| **Desk Top** |  |  |
| **Lap Top** |  |  |
| **Monitor** |  |  |
| **Key Board** |  |  |
| **Mouse** |  |  |
| **Other**  |  |  |

* **Important – Please send a copy of this request to your District President and Conferencesupport@svdpsa.org**

Your request will be reviewed and filled within 14 working days. If equipment needs to be ordered your request will take longer depending on where it will be ordered from.