



OBORO

Laboratoire nouveaux médias

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NEW MEDIA LAB EQUIPMENT REQUISITION FORM

IDENTIFICATION

Producer's name (individual or organization): _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: _____ Fax: _____

Web site: _____ E-mail: _____

Title of project: _____ Type of project: _____

Onsite Project Coordinator: _____ Cell: _____ E-mail: _____

Director: _____ Cell: _____ E-mail: _____

Technical Director: _____ Cell: _____ E-mail: _____

Accounts Payable: _____ Phone: _____ E-mail: _____

INFORMATION CONCERNING THE USE OF STUDIO 01

We encourage you to attach and annex with any additional information that will assist us in better understanding your technical needs.

Number of people present during the rental:

Producers: _____ Directors: _____ Talent: _____ Technicians: _____ Others: _____

Arrival Date: _____ / _____ / _____ Departure Date: _____ / _____ / _____
day month year day month year

Schedule: from _____ to _____ (if the schedule varies, please attach a detailed timetable)

Traffic levels in and out of Studio 01: Mild Heavy Traffic levels in and out of the lab: Mild Heavy

Type of activities: Photo Film Video Audio Presentation / Meeting Other: _____

Noise Levels: Mild Heavy Sound Recording?: Yes No

Though Studio 01 is insulated, it is possible that occasional external noises, beyond our control will be audible. (Truck horns, jackhammers)

Other requirements: Access to the control room / dressing room Craft tables Folding tables Internet access Other: _____

Equipment / Accessoires : Please attach a detailed list of equipment and accessories you plan to bring.

- Please note that there is no available storage space prior to or after studio rental.
- The lab is equipped with an alarm system, however OBORO is not responsible for the security of your equipment or accessories.
- Please note that it is prohibited to use smoke machines on the premises.

INFORMATION CONCERNING USE OF THE AUDIO SECTOR (SURROUND SOUND AUDIO SUITE AND RECORDING STUDIOS)

We encourage you to attach and annex with any additional information that will assist us in better understanding your technical needs.

Number of people present during the rental:

Producers: _____ Directors: _____ Technicians: _____ Musicians / Talent: _____ Others: _____

Arrival Date: _____ / _____ / _____ Departure Date: _____ / _____ / _____
day month year day month year

Schedule: from _____ to _____ (if the schedule varies, please attach a detailed timetable)

Type of audio activities: Sound Recording Editing Mixing Post production with Image
 Mastering Listening session/meeting Other: _____

Noise Levels: Soft Loud

Which of the studios in the audio sector do you intend to use:

Surround Sound Audio Suite Studio 02 (principal recording studio) Green Room (small recording studio)

Other Requirements (Please refer to our price list to determine the available quantity of each item):

Mic Stands Sabrasom Mic Suspension Music Stands Snakes and adaptors Mic Cables Headphones
 Direct Boxes Power Bars Extension Cords Equipment tables Other: _____

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- Please note that it is prohibited to use smoke machines on the premises.