



ROAR NETWORK VIDEO SERVICES

Request for Proposal to Film Your Event

ARCHIVAL PRODUCTION

Daum Hall Annex, Loyola Marymount University

PHONE: 310.338.5124 FAX: 310.338.1694

Please submit all requests at least two weeks in advance.

Contact Information

Organization:	
Contact Person:	
Phone Number:	
Email Address:	

Event/Speaker Information

Title of the Event(s): _____ Date of the Event(s): _____

Start time of the Event: _____ End time of the Event: _____

Where is your event being held?	
How many speakers do you want to capture on camera?	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5+
What is the format of your event? (check all that apply)	<input type="checkbox"/> Keynote Speaker <input type="checkbox"/> Q & A Session <input type="checkbox"/> Video Presentation <input type="checkbox"/> PowerPoint Presentation <input type="checkbox"/> Audio Presentation <input type="checkbox"/> Panel of 3 <input type="checkbox"/> Panel of 7 to 4 <input type="checkbox"/> Panel of 7 +
What are the names & titles of each speaker?	Speaker A _____ Speaker B _____ Speaker C _____ Speaker D _____
Approximately how long is each speaker's address?*	Speaker A _____ Speaker B _____ Speaker C _____ Speaker D _____
Will you be renting a PA or any other audio/video equipment from Event Services?	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please list below: _____

***PLEASE NOTE:** In order to record the best possible audio, each speaker will need to wear a small wireless microphone. Please confirm that each speaker will be available for approximately 5 minutes BEFORE the start of the event. Our videographer will clip on wireless microphone to each speaker's outermost shirt.

When will you be available for a location scout with our production coordinator?*	
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****PLEASE NOTE:** By seeing the location prior to the event, our video services team can plan ahead. Location scouts are highly recommended.

Final Product Details/Shoot Information

How many cameras/camera angles would you like of the speaker(s) address?***	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
Would you like anything else shot other than the speaker(s) address?*** (check all that apply)	<input type="checkbox"/> Still Image(s) <input type="checkbox"/> Video <input type="checkbox"/> Q & A <input type="checkbox"/> Audience Reactions <input type="checkbox"/> Other
Would you like titles on screen to appear each time a new speaker begins his/her address?*** Text Example: Barack Obama <i>President of the United States</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Would you like any music or additional audio added?***	<input type="checkbox"/> Yes <input type="checkbox"/> No
Would you like any additional graphics or still photos added?***	<input type="checkbox"/> Yes <input type="checkbox"/> No
How would you like the final product delivered? (check all that apply)	<input type="checkbox"/> DVD(s)*** <input type="checkbox"/> Downloaded via Email <input type="checkbox"/> YouTube <input type="checkbox"/> Flash Drive <input type="checkbox"/> Other

*****PLEASE NOTE:** Additional charges may apply.

By signing below, you acknowledge the following:

I agree that I give permission to ROAR Network to record the above event and rights to broadcast material unless stated otherwise. This document will be used by ROAR Network to develop a cost estimate and a proposal for shooting your event, and is not a contract.

Printed Name _____

Signature _____

Date Received: _____

Office Use Only

Business Manager's Signature: _____

Assigned to (videographer): _____

Assigned to (editor): _____