ISU Music Department Recording Request Form

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Name	-		ubmit this recording in person at least three
E-mail	-	weeks prior to	o the performance or sion date to Larry Curry,
Cell-phone		145 Music Fi	411.
Student ID Number / Account Number	-		
Performance Info	rmation (plea	se fill out con	mpletely)
Instrument / Ensemble / Performer			Live Performace
Performance Day and Date	Time		Special Recording Session
Length (approximate minutes of music)	Audio	/ Video Need	s
	For Office Use C	Only	
Engineer(s)			
Engineering Performance hourly fee: (minimum 1 hour charge)		Hours	x \$30.00 =
Recording Media Set: (minimum 1 hour charge)		Media Set	x \$30.00 =
Duplicate (additional CDs):		Discs	x \$10.00 =
Total Recording Charge :			\$