



SIPA AV Video Production

Please provide the required information below to SIPA AV, sipaav@columbia.edu, before video production can be completed.

Event Title: _____

Event Date: _____

Event Sponsor (if applicable): _____

Contact Name/Email: _____

Please list any other info you would like in the title slate of your video: _____

Event Participants: Please list the name of all participants and the title you would like attributed to them.

Name 1: _____

Title 1: _____

Name 2: _____

Title 2: _____

Name 3: _____

Title 3: _____

Name 4: _____

Title 4: _____

Name 5: _____

Title 5: _____

Finished Format: In what format would you like to receive your finished video?

- Video on shared drive
- SIPA Youtube channel (permission needed)
- File on flash drive/hard drive
- Other format (please specify): _____

Please send **any media** (photos, graphics, PPT presentations) needed for the video.