



**Eastern Caribbean Central Bank
Auditorium and Conference Facilities Equipment/Service List**

NAME OF CLIENT:

No.	Equipment and Services Provided by ECCB Make/Model	No. Available	Equipment and Services Required by Client (Check all that apply)	No. Required	Additional Equipment/Service Required by Client (please list)	ECCB's Comments
MICROPHONES						
1.	Pin-On/Lapel - Shure ULX-M1	6	<input type="checkbox"/>			
2.	Cordless Handheld - Shure Sm58	1	<input type="checkbox"/>			
3.	Cordless Handheld - Shure SM86	3	<input type="checkbox"/>			
4.	Corded Mic - Shure SM58 / Samson R11	4	<input type="checkbox"/>			
5.	Conference Microphones - Bosch CCS800	68	<input type="checkbox"/>			
MEDIA INPUT						
6.	6 Disc CD Changer - Pioneer PD M427	1	<input type="checkbox"/>			
INTERCOM						
7.	Short Range Handheld Radio - Motorola Pro-Talk	5	<input type="checkbox"/>			
MULTI-MEDIA PRESENTATION						
8.	Projector - NEC NP-M300W	1	<input type="checkbox"/>			
TABLES AND CHAIRS						
9.	Plastic Chairs	65	<input type="checkbox"/>			
10.	Lobby - Plastic Tables (Select from the two options below) <input type="checkbox"/> 1. To mount display in lobby <input type="checkbox"/> 2. For Food Service (Pre-packaged items only)	25	<input type="checkbox"/>			
TENTS						
11.	20' X 20' (An additional cost of \$250.00 to erect)	3	<input type="checkbox"/>			
12.	10' X 10' (An additional cost of \$150.00 to erect)	1	<input type="checkbox"/>			
OTHER SERVICES						
13.	Recorded Version of Federation's National Anthem	1	<input type="checkbox"/>			
14.	Podium	1	<input type="checkbox"/>			
15.	Outdoor Space for Food Service (Pre-packaged items only)		<input type="checkbox"/>			
16.	Ambient Music		<input type="checkbox"/>			
17.	Internal Parking	20 spaces	<input type="checkbox"/>			
18.	DSL Feed to allow for internet service (Client to make arrangements with LIME to obtain the service)		<input type="checkbox"/>			



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I AGREE TO THE ABOVE REQUEST

Corporate Relations Department Officer	Support Services Management Department Officer		Name of Organisation:
Name:	Name:		Name:
Signature:	Signature:	Date:	Signature:
Date:	Date Equipment Last Checked:		Date: