

Staff Reservation of _____
(Minimum 2 week notice)

B 1.3

Program name: _____

Program

Meeting

Tour

Other: _____

Date needed: _____

Start time: _____ End time: _____

AV equipment needed:

Screen

VCR/DVD player

CD/cassette player

LCD projector

Internet connection

Laptop

Slide projector

Podium mic

Wireless mic.-hand

Wireless mic.-clip

Imaging unit

Televisions

Other equipment needed:

Easel

Paper

Markers

Piano

**PLEASE COMPLETE THE ROOM SET-UP FORM ON THE REVERSE—
PLEASE DRAW BOTH THE ROOM AND SET-UP**

Name: _____ Ext.: _____ Date: _____

Dept. Head: _____ Ext: _____ Date: _____

Please Draw Room and Set-UP

B 1.3

Date: _____

Day: _____

Start Time: _____

End Time: _____

Program Title: _____

Library Dept./Organization: _____

Contact: _____

Phone #: _____

Set-Up:

of people: _____

Room:

AV needed: