

Auditorium Usage Request

DATE: _____

NAME/DEPARTMENT/BILLING CODE OF REQUESTOR:

REQUESTED DATE AND TIME: _____

LIBRARY SPONSOR: _____

EQUIPMENT REQUIRED:

_____ TV/VCR

_____ MICROPHONE

_____ PODIUM

_____ COMPUTER

_____ OVERHEAD PROJECTOR

OTHER (Please List)

What software will the speaker be using (Powerpoint, Harvard graphics, etc)

How will the presentation be accessed (ZIP drive, DVD, thumb drive, etc)

RECEPTION/BREAK REQUESTED: _____

RECEPTION AREA RESERVED: _____

CLEAN UP PROVIDED BY: _____

(The requestor is responsible for clean up; however, Library custodial care may be arranged for a fee)