National Library of Medicine **Request for Use of Lister Hill Auditorium** *Use prescribed by NIH Manual 1363-1*	Date of Request:

PART A – To be completed by requesting office

To: NLM Conference Management NIH Building 38A/Room 128 Fax: 301-496-7831 E-mail: publicinfo@nlm.nih.gov	From (name of contact person):	IC or Organization Name/Building/Room:	Phone: Fax: E-mail:

Official Name of Activity:	Purpose of Activity:

Estimated Number of Attendees (Auditorium seats 176): NIH Staff: _____ non-NIH Staff (attach names, if known): _____	Date(s):	Time(s) (start & end):

Is press coverage expected? (If "Yes," please give details)
☐ Yes   ☐ No

OTHER REQUIREMENTS (Please check all that apply and <u>state desired quantity</u>): ☐ Easel(s) _____ ☐ Flip chart _____ ☐ Extra tables and chairs in the lobby _____ ☐ VIP or Bus Parking Spaces _____ ☐ Other (please specify)	AUDIOVISUAL EQUIPMENT REQUIRED (Please check all that apply): ☐ 35 mm slide projection (single and side-by-side available) ☐ Overhead projector ☐ Computer projection system (please supply your own PC and/or Mac laptop computers) ☐ Video playback (please check all that apply) ☐ ½" VHS, ☐ NTSC, ☐ PAL, ☐ SECAM, ☐ DVD ☐ Audiorecord (please supply your own 90-minute cassettes) ☐ Lectern with amplification ☐ Panel table at front of room, with microphones (please specify number of chairs, up to 8) _____ ☐ Other (please specify)

Will you require admission to the building before the regular 7:00 a.m. opening time? Security charges may apply. (If "Yes," please specify time.) ☐ Yes ☐ No	If you will be bringing laptop computer (s), please check as appropriate: ☐ Mac ☐ PC ☐ Other:

I agree to serve as sponsor for this meeting and concur with the NLM/NIH policies governing these facilities. (NIH Manual 1363 and 1363-1). You may use CAN#_____ if additional guards are needed or the carpet requires cleaning after our event. Signature of DHHS/NIH Sponsor:	Title:	Organization:

PART B – To be completed by NLM: Confirmation of Conference Reservation and Security Approval

Signature of person confirming reservation:	Phone Number:	Building/Room:	Date:
Signature of person confirming security approval:	Phone Number:	Building/Room:	Date:

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