



U.S. Department of Energy

DOE Program Review Centers

INFORMATION SHEET

1. Title of Briefing or Conference _____
2. Specify PRC Location _____
3. Date: _____ Time: _____ Duration: _____
4. _____ 5. _____ 6. _____ 7. _____
Presentation Coordinator Organization Phone Room No.
8. Presenters _____

9. Estimated Number of Attendees _____

10. CLASSIFICATION OF THIS PRESENTATION. IF NONE, SPECIFY NONE _____

Use Standard Classification Stamps, e.g., S R D or S NSI, FRD, etc.
Note: Sensitive Information, if any, e.g., Weapons Data, Crypto, NATO, Special Intelligence, etc.

SUPPORTING INFORMATION REQUIRED – All Projections Rear View (cue sheet required)

11. Equipment (check)

		PROJECTION SCREENS		
		LEFT	CENTER	RIGHT
<input type="checkbox"/>	No Projection Services Required			
<input type="checkbox"/>	Projectors (vu-graph)			
<input type="checkbox"/>	Projectors: 35mm			
<input type="checkbox"/>	Projectors: 16mm movie running time _____ <input type="checkbox"/> silent <input type="checkbox"/> sound			

12. Other Equipment (check)

Audio Tape Player Easel Other (explain) _____

Video Tape Player Teleconference (Attach list giving names, area code, and telephone number)

13. If Audio Recording Requested, DOE Br. Chf. or above Sign Here: _____
14. Please Provide Utilization Information On Reverse Side