



New York Medical College
Health Sciences Library
Educational Media Services
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Checklist for Auditoria by Outside Groups

Date:

Name:

Phone:

Email:

College Sponsor:

Contact Number:

Contact Email:

Planned Program:

Size of Group:

Date of Event:

Time of Event:

Auditorium Requested:

A/V Support

Catering: Yes No

Security / Parking: Yes No

Facilities help needed? Yes No

Contact Name (if other than above):

Authorized By: