



**NEW YORK MEDICAL COLLEGE
HEALTH SCIENCES LIBRARY**
MEMBER OF THE TOURO COLLEGE AND UNIVERSITY SYSTEM

Phone: (914) 594-4200

Fax: (914) 594-3171

**HSL CONFERENCE ROOMS
& SPECIAL ACCOMMODATIONS RESERVATION FORM**

Name (Print) _____ **Today's DATE** _____

Faculty Resident Student Employee Other
Request from other patrons should be submitted directly to the Access Services Supervisor

Department/class _____ **Phone** _____

Conference & Study Rooms	Date Needed	Time Reserved From:	To:
<input type="radio"/> HSL B104 (Max. occ. 6)			
<input type="radio"/> HSL 106 (Max. occ. 8)			
<input type="radio"/> HSL 107 (Max. occ. 6)			
<input type="radio"/> HSL 108 (Max. occ. 10)			
<input type="radio"/> HSL 109 (Max. occ. 24)			
<input type="radio"/> Anatomage Room (Max. occ. 10)			

Purpose/topic: _____ **Attendance:** _____

Multiple dates (within the same month only)

1. _____ 2. _____ 3. _____ 4. _____ 5. _____

FOR ANY OF YOUR AUDIO VISUAL NEEDS CONTACT THE EDUCATIONAL MEDIA DEPARTMENT @ 594-4225

All equipment is subject to availability.

We would like permission to serve food. Food is permitted for special events in Rm. 109 only. Requestor is responsible for assuming that the room is left in good order.

I have read the above rules and agree: _____

Approval: _____ **Date:** _____
Library Director/Head of Access Services

Notes/Comments: _____