



NEW YORK MEDICAL COLLEGE
HEALTH SCIENCES LIBRARY

Phone: (914) 594-4200

Fax: (914) 594-3171

HSL CONFERENCE ROOM RESERVATION FORM * *

Name (Print): _____ Today's date: _____

- Faculty
- Resident
- Student
- Employee
- Other

Requests from other patrons should be submitted directly to the Access Services Supervisor

Department/class: _____ Phone: _____

Conference Room	Date needed	Time reserved	
<input type="radio"/> HSL B104 (Max occ. 6)*		From :	To :
<input type="radio"/> HSL 106 (Max occ. 8)		From :	To :
<input type="radio"/> HSL 107 (Max occ. 6)		From :	To :
<input type="radio"/> HSL 108 (Max occ. 10)		From :	To :
<input type="radio"/> HSL 109 (Max occ. 20)		From :	To :

*HSL Basement

Purpose/topic: _____ Attendance: _____

Multiple dates (within the same month preferred)

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

Equipment needed*

- Room only
- 35 mm Slide Projector
- TV
- VHS Video Cassette Player
- Overhead Projector (for transparencies)
- LCD Projector (displays presentation from laptop on to screen)
- Laptop
- VGA Cable (cable that connects personal laptop to projector)
- Other _____

*Please contact the Educational Media Department @ 594-4225 for any of your Audio/Visual needs. All equipment is subject to availability.

**Food is not permitted in any of the Conference rooms, only by exception and requires approval by the Library Director in advance. Use of all rooms in the Library must be in the same condition at the end of the Session as at the beginning. Failure to clean-up jeopardizes future use of all Library rooms.

I have read the following rules and agree: _____

Library Director: _____

Date: _____

(Approval required for provision of food. Confirmation will be provided)