## **National Library of Medicine**

## **Event Support Request**

Use prescribed by NIH Manual 1363-1

Today's	Date
mm/dd/yyyy	

Event Name		<b>Event Contact Coordinator's Name</b>	
Start Date: End Date:	Phone:	E-mail:	
IC or Organizational Sponsor:	Event	vent Onsite Coordinator's Name	
Sponsor Contact Name & Title:	Phone:	E-mail:	
Standard Audiovisual Support		ional Event Technical Reques	 sts
<ul> <li>□ Podium with voice amplification and wireless microphone.</li> <li>□ Video projection system for computer and/or video.</li> <li>□ Auditorium PC (Windows Operating System with Microsoft Office) with internet access. Using your own PC or a Mac requires that you bring all adapters and power cords</li> <li>□ Panel table at front of room, with microphones. Please specify number of panelists, not to exceed 8:</li> <li>□ Audio teleconferencing (point-to-point) Bridged/multi-party calls require prior arrangements and additional fees</li> <li>□ Audio/Video playback. (Please check expected formats)</li></ul>	Addition (contractor)	eb Collaboration rovided Videocasting  nal Lobby Support poort required)  Session ng Service	
NIH Sponsor Authorization		Return to LHC Auditorium Coordinator's Office	
I,		e-mail: nlmaud@nlm.nih.gov fax: 301-480-0155 mail to: NIH Building 38A, Room 122 8600 Rockville Pike Bethesda, MD 20894	
Signature Title			
Receipt of Event Support Request - For Inte	ernal Us	se Only	
Signature of LHC Auditorium Coordinator:		Date:	