National Library of Medicine

Event Support Request

Use prescribed by NIH Manual 1363-1

Today's Date
mm/dd/yyyy

Event Name	**Event Coordinator's Name**
Start Date: End Date:	
IC or Organizational Sponsor:	Phone:
Sponsor Contact Name & Title:	E-mail:

Standard Audiovisual Support

☐ Podium with voice amplification and wireless microphone.

☐ Video projection system for computer and/or video.

☐ Auditorium PC (Windows 7/Office 2010) with internet access.
   Using your own PC or a Mac requires that you bring all adapters and power cords

☐ Panel table at front of room, with microphones. *Please specify number of panelists, not to exceed 8:* _____

☐ Audio teleconferencing *(point-to-point)*
   Bridged/multi-party calls require prior arrangements and additional fees

☐ Audio/Video playback. *(Please check expected formats)*
   ☐ CD/Digital Media ☐ DVD/Blu-ray ☐ VHS ☐ Web Streaming

☐ Digital audio recording of proceedings.
   Customer must bring blank flash drive, minimum 4G, for storage of audio files

Additional Auditorium Support
(fees may apply; see LHC guide)

☐ NIH Web Collaboration (Adobe Connect)

☐ NIH Provided Videocasting

☐ Video Teleconferencing

Additional Lobby Support
(contractor support required)

☐ Poster Session

☐ Catering Service

NIH Sponsor Authorization

I, _____ have agreed to serve as sponsor for the above event and I concur with the NLM/NIH policies governing these facilities (NIH Manual 1363 and 1363-1).

NLM may use CAN# _____ if any additional services are required for this event, including security, cleaning, etc.

Signature and Title of NIH Sponsor:

_____   _____
Signature   Title

Return to LHC Auditorium Coordinator's Office

e-mail: nlmaud@nlm.nih.gov

fax: 301-480-0155

mail to: NIH Building 38A, Room 122
        8600 Rockville Pike
        Bethesda, MD 20894

Receipt of Event Support Request - For Internal Use Only

Signature of LHC Auditorium Coordinator:	**Date:**

NIH 827-2B (05/13)