MARIST media center

Lowell Thomas Communications Center Room 203
845 575-3635 • fax 575-3645 • media@marist.edu • www.marist.edu/mediacenter

MEDIA EQUIPMENT DELIVERY RESERVATION FORM

Please Complete One Form Per Course/Event

Faculty/Staff Name: _____ Today's Date: _____

Department: _____ Semester: _____

Campus Address: _____ Phone Number: _____

☑ Purpose: Class _____ Conference/Guest Speaker _____ Other _____

Day(s): _____ Date(s): _____ All semester? _____

Start Time: _____ End Time: _____ Location: _____

☑ Please select one option: ____ set-up equipment only
____ additional staff support requested*
**please describe*

_____

NOTES/Special Instructions:

_____

_____

_____

_____

white copy – media center

yellow copy - customer