



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 _____

Equipment needed:

NOTES/Special Instructions:
