1. Title of Briefing or Conference ________________________________
2. Specify PRC Location ________________________________________
3. Date: _____________ Time: _____________ Duration: ____________
4. __________________________________ 5. ______________ 6. ____________ 7. ____________
   Presentation Coordinator    Organization    Phone    Room No.
8. Presenters __________________________________________________
9. Estimated Number of Attendees _________________________________
10. CLASSIFICATION OF THIS PRESENTATION. IF NONE, SPECIFY NONE
    Use Standard Classification Stamps, e.g., S R D or S NSI, FRD, etc.
    Note: Sensitive Information, if any, e.g., Weapons Data, Crypto, NATO, Special Intelligence, etc.

SUPPORTING INFORMATION REQUIRED – All Projections Rear View (cue sheet required)

11. Equipment (check)
   □ No Projection Services Required
   □ Projectors (vu-graph)
   □ Projectors: 35mm
   □ Projectors: 16mm movie
     running time __________________
     □ silent □ sound
   PROJECTION SCREENS
   LEFT CENTER RIGHT

   □ Audio Tape Player □ Easel □ Other (explain) ______________________
   □ Video Tape Player □ Teleconference (Attach list giving names, area code, and telephone number)

12. Other Equipment (check)

13. If Audio Recording Requested, DOE Br. Chf. or above Sign Here: _______________________

14. Please Provide Utilization Information On Reverse Side

(THESE FORM IS UNCLASSIFIED)
(FOR ASSISTANCE: BUILDINGS OPERATIONS BRANCH 252-6651)