



MIS Projector Request Form

Today's Date: _____

Requestor's Name: _____

Requestor's Unit: _____

Date Projector is Needed: _____

Start Time: _____ End Time: _____

Room Number _____

Do you need any additional equipment?

- MiFi Internet Mobile Hot Spot
- Laptop
- Presentation Clicker

Are there any additional instructions?

Saved the completed form and email it to DLBDPHARMMISSUPPORT_DHMH@maryland.gov

Please give us 24 hour noticed for a projector.

Clear Form

Save Form