

Media Equipment Reservation Form

Name: _____

Office: _____ Phone: _____

Mobile Computer Video Projector / Laptop (please circle choice)

*(You are responsible for picking up, setting up, and returning the laptop and projector.
For on-site MRL use only; approval from Bob Cornwall is required for off-site use)*

Date(s) Needed: From: _____ To: _____

Time Requested: From: _____ To: _____

Room: _____

Conference name & location: _____
(if using off-site)

*Note: The digital camera, laser pointers, remotes for the conference rooms,
and speakerphones may be signed out in room 201.
All items are for on-site MRL use only; approval from Bob Cornwall is required for off-site use.*

By signing below I understand that I am responsible for all items borrowed.

Signature _____ Date _____