

**NAVAL DENTAL CENTER SOUTHWEST
EDUCATION AND TRAINING DEPARTMENT**

NAME:	EXT:	DATE:
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Request the following audiovisual equipment for:

COURSE:	TIME:	DATE:
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I take full responsibility for the audiovisual equipment. While under my responsibility, if these items are lost, stolen or damaged I agree to reimburse Naval Dental Center Southwest for the full cost of the equipment.

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| <input type="checkbox"/> CAMERA | 6602200489 | <input type="checkbox"/> EASEL _____ |
| <input type="checkbox"/> DIGITAL CAMERA | 6602204678 | <input type="checkbox"/> LASER POINTER _____ |
| <input type="checkbox"/> LAPTOP(DELL # 1) | 6602205941 | <input type="checkbox"/> WIRELESS MICROPHONE _____ |
| <input type="checkbox"/> LAPTOP(DELL # 2) | 6602208626 | |
| <input type="checkbox"/> LAPTOP(DELL # 3) | 6602208625 | |
| <input type="checkbox"/> OVERHEAD PROJECTOR # 3 | 6602200496 | |
| <input type="checkbox"/> OVERHEAD PROJECTOR # 4 | 6602207272 | |
| <input type="checkbox"/> PROXIMA # 1 | 6602208694 | |
| <input type="checkbox"/> PROXIMA # 2 | 6602207047 | |
| <input type="checkbox"/> PROXIMA # 3 | 6602200487 | |
| <input type="checkbox"/> PROXIMA # 5 | 6602200487 | |
| <input type="checkbox"/> SLIDE PROJECTOR | 6602207273 | |
| <input type="checkbox"/> SLIDE PROJECTOR | 6602200713 | |
| <input type="checkbox"/> VCR(MAGNAVOX) | 6602200050 | |
| <input type="checkbox"/> TV(MAGNAVOX) | 6602200049 | |
| <input type="checkbox"/> TV(PANASONIC) | 6602200494 | |

I will return all equipment I have signed for. I will personally contact or return to EDTRA the **LAPTOP** and **PROXIMA** when no longer in use.

DATE:

NAME:	EXT:
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SIGNATURE