



Education Resource Rental FORM

2/04

Please take a moment to complete the following:

DATE: _____

NAME: _____

Institution Representing: _____

Date Attended 2.5 Analysis Training: _____

NAME of Resource interested in using:

What are your goals for presenting this material?

What is your time frame for presenting this material?

Currently, the videos available require a facilitator from ERAC/CE. Would you like to request a volunteer from ERAC/CE or should we provide one?

An ERAC/CE representative will contact you for further discussion within one week. What is the best time and way to reach you?

ADDRESS to send material:

LOAN TIME FRAME: From: _____ To: _____

Thank you,
ERAC/CE Resource Team