

**Edward E. Brickell Medical Sciences Library  
iClicker System Reservation Form**

Today's Date: \_\_\_\_\_

Instructor/Staff: \_\_\_\_\_

Email: \_\_\_\_\_

Department: \_\_\_\_\_

Phone: \_\_\_\_\_

(1) DESCRIPTION of group and PURPOSE of group session: (please include course name, etc.):

\_\_\_\_\_  
\_\_\_\_\_

(2) LOCATION: \_\_\_\_\_

(3) NUMBER of participants: \_\_\_\_\_

(4) Please RESERVE:

iClicker System case A or B (approximately 100 iClickers each)

iClicker System case C (approximately 50 iClickers)

For the following times and dates:

From (time)	To (time)	On DAY	/ DATE
_____	_____	_____	/ _____
_____	_____	_____	/ _____
_____	_____	_____	/ _____
_____	_____	_____	/ _____

You are responsible for ensuring that all iClickers are collected at the end of the session and returned, along with the base station, thumb drive and carrying case. If any iClickers are reported as defective, please place them in the plastic bag provided.

The iClicker System is due back to the Brickell Medical Sciences Library (Circulation Desk) no later than one hour after the end of your session.

*You will receive a confirmation copy of this request.*

Approved by: \_\_\_\_\_ Date approved: \_\_\_\_\_

Please address any questions regarding this form or our reservation policy to Kerrie Shaw, Public Services Coordinator at 446-5847. Return the completed form to the Brickell Medical Sciences Library (Circulation Desk), e-mail attachment ([shawks@evms.edu](mailto:shawks@evms.edu)), or fax (446-5134). We will make every effort to fulfill your request and will contact you if any circumstances arise that will interfere with your reservation.