

# Lending Library Check-Out Form



Date \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Organization \_\_\_\_\_

Organization Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

<b>Materials Requested</b>	
<b>DVD's &amp; Videos</b>	<b>Hands-On Displays</b>
<input type="checkbox"/> How I Quit Smoking DVD	<input type="checkbox"/> Lou-Wheeze Smoker's Lungs
<input type="checkbox"/> No Ifs, Ands, or Butts Video	<input type="checkbox"/> Mr. Gross Mouth
<input type="checkbox"/> Secondhand Smoke Life or Breath DVD	<input type="checkbox"/> Tar Jar
<b>Educational Tools</b>	<b>Tabletop Displays</b>
<input type="checkbox"/> Bronchus Model	<input type="checkbox"/> The Consequences of Secondhand Smoke
<input type="checkbox"/> TB Skin Test Reaction Arm	<input type="checkbox"/> The Consequences of Smoking
<input type="checkbox"/> Empathy Lungs COPD Simulator	<input type="checkbox"/> Tobacco Ingredients Big Cigarette
<b>Fact Sheets</b>	
<input type="checkbox"/> Tobacco Education Fact Sheets <input type="checkbox"/> Quit Smoking Materials <input type="checkbox"/> E-Cigarettes/Vaping Fact Sheets	
<input type="checkbox"/> Secondhand/Thirdhand Smoke Fact Sheets <input type="checkbox"/> COPD Materials <input type="checkbox"/> Other Lung Health Fact Sheets	
<b>Dates Requested</b>	
Date of Pick Up _____	Date of Return _____
Comments	