



RESERVATION REQUEST

Thank you for using the TSC Digital Library. Please fill out the form below to complete your registration.

General information

Name

Email

Class

Class size

What service do you need?

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Tour of library | <input type="checkbox"/> Computer lab |
| <input type="checkbox"/> Database Instruction | <input type="radio"/> Lecture |
| | <input type="radio"/> Research |
| | <input type="radio"/> Testing |

What day and time?

Comments (ex. I need a whiteboard, I need the projector screen down, etc.):