

Science on the Move

Instrument Delivery Reservation Form

School: _____ Teacher: _____
One teacher per form, please.

] School Phone: _____ Home Phone: _____

1. Experiment to be performed: _____
Provide lab designation (i.e., B2, C4) and experiment title. One lab per form, please.

2. Primary drop-off date: _____ and time _____
Drop-off date means the date equipment is to be delivered. Time means the "time window", for example 3:00pm to 3:30pm.

Backup drop-off date: _____ and time _____

3. Return pick-up date: _____ and time _____
Return pick-up date means the date use of equipment in the school is complete so that it can be taken away. Time here is also a "window" not a specific time.

4. Number of student lab setups: _____
Number of student lab setups is the number of student groups in the largest lab section. Each student group would have, for example, one laptop, one interface, etc. The MAXIMUM number of student lab setups is usually 10.

5. Number of laboratory sections to be serviced: _____
Number of laboratory sections means the number of different classes that will perform this experiment.

6. Number of students and level of students by laboratory section:

Sec	Number of Students	Level	Sec	Number of Students	Level
1			4		
2			5		
3			6		

Level means Regents, AP, Honors, General, etc.

The completed form should be sent to:

MAIL: Science on the Move
 Marist College
 Saint Ann's Hermitage
 North Road
 Poughkeepsie, NY 12601

FAX: (845) 575-3180

E-MAIL: JZ45

PHONE: (845) 575-3830

MTA PHONE: (845) 575-3000 Ext. 2126