

Division of Fire Safety / Kean University  
Fire Safety Training Program  
Audio-Visual Equipment Request Form

**This form must be returned with your signed letter**

Name: \_\_\_\_\_

Course Title: \_\_\_\_\_

Date(s) Offered: \_\_\_\_\_

**Equipment**

Please indicate audio-visual equipment required for your presentation:

LCD Projector

Projection Screen

Flip chart, easel, and markers

VHS Videocassette Player and Monitor

DVD Player and Monitor

Other (please be specific) \_\_\_\_\_

I will bring my own audio-visual equipment

\_\_\_\_\_  
Instructor Signature

\_\_\_\_\_  
Date

\* LAPTOP COMPUTERS ARE NOT PROVIDED