



NATIONAL ASSOCIATION OF HEARING OFFICIALS

LIBRARY LOAN REQUEST (REV 06/2009)

Borrower (Last Name, First Name MI)	
Title	Agency
Address Line 1	
Address Line 2	
City, State ZIP	
Telephone Number	Fax Number
E-mail address	
NAHO Membership No.	Expiration Date

Library loan requirements:

- Duplication of material on loan is prohibited.
- Current NAHO membership is required.
- Limit of four (4) videos per loan.
- Library material is due 30 days after date of mailing. A late fee of \$12.50 per video will be assessed if the material is returned up to three weeks late. After three weeks, the entire deposit is subject to forfeiture.
- Library material is shipped after the librarian receives the request, verification of current NAHO membership, \$25 deposit, \$22 per video fee.

Video Requested	
Instructor	Conference Year
Purpose <input type="checkbox"/> HEARING OFFICIAL CERTIFICATION <input type="checkbox"/> TRAINING - PERSONAL <input type="checkbox"/> TRAINING - AGENCY	

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Library loan agreement:

- The Borrower agrees not to copy the video.
- The Borrower agrees not to excerpt or use any portion of the video in other presentations without the prior written consent of NAHO.
- The Borrower agrees not to excerpt or use any portion of the materials presented in the video without the prior written consent of the presenter(s) in the video.
- The Borrower agrees to only exhibit or show the video to individuals or groups of members of NAHO.
- The Borrower agrees that the video is the intellectual property of NAHO. The Borrower further understands that NAHO reserves the right to assert its copyright and other intellectual property rights against the Borrower should the Borrower violate this Lending Agreement.
- The Borrower agrees to not charge a fee for others to view the video or otherwise show the video for profit or other remuneration.

I AGREE TO THE TERMS OF THE LIBRARY LOAN AGREEMENT AS OUTLINED ABOVE.

Signature	Date
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PLEASE MAKE THE CHECK OR MONEY ORDER PAYABLE TO NAHO. SUBMIT COMPLETED FORM TO: Philip M. Snow, PO Box 38, Toast, NC 27049.

VERIFICATION OF VIEWING FOR CERTIFICATION:

I CERTIFY THAT I HAVE VIEWED ____ HOURS ____ MINUTES OF _____ TRAINING AS REQUIRED FOR CERTIFICATION PURPOSES.

Employee Signature: _____ Date: _____

I CERTIFY THAT THE ABOVE-NAMED INDIVIDUAL VIEWED EACH VIDEO MENTIONED IN ITS ENTIRETY AND COMPLIED WITH ALL COURSE REQUIREMENTS.

Supervisor Signature: _____ Date: _____

NAHO Use Only: Date Received: ____/____/____ Check # _____ (____ personal ____ business) Amount \$ _____ Membership # _____ Expiration ____/____
