∐ Tick as ap	propriate						
(Please note	that the speci	ial equipment	t is for use insid	e the CSC St	udent Termi	nal Area only	.)
Section I (To	be complete	d by user)					
	of equipment			Cancellat	ion of the b	ooking of equ	ipment
Namo				Student No.:			
Name:							
EID:				Contact Tel. No.:			
Course Name:				Course Code:			
Department:							
Purpose: C							
-			Others, please				
Booking Peri	od: From:	//_	Week (	) To:	/	_/Wee	×k (
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* Please tick	the required	special equip	ment on the nex	t page.			
	-						
Special Requ	internetits (if a	ally)					
Signature:					Date		
-							
			user after the bookin e the Terminal Booki			stem) to check the	booking s
an	d to submit booki	ing request.					U
			each the CSC as soo	n as possible by s	ubmitting this f	orm.	
Section II (T							

## **Equipment Required:**

	No.	Items	Code	Required
	1	1G Dolphin USB flash drive	VA1	
	2	USB extension cable	VA2	
	3	Transparent Plastic bag	VA3	
	4	Supernova manual book	VA4	
	5	"Quick Reference Guide" booklet (colored)	VA5	
UK SuperNova	6	"Quick Reference Guide" booklet (white)	VA6	
V10.01	7	"Installing the Dolphin Pen" instruction sheet	VA7	
	8	Black key label	VA8	
	9	Yellow key label	VA9	
	10	常用語音功能熱鍵表	VA10	
	11	Access Tools Disc	VA11	
	12	Braille SENSE Plus User Manual Disc	VA12	
	13	Supernova Daisy Manual Disc	VA13	
	14	Checklist	VA14	
	15	Folder	VA15	
	16	Carton Box for whole set	VA16	
	1	Braille Notetaker	VB1	
	2	Leather Case for Notetaker	VB2	
	3	Belt	VB3	
	4	Braille Handbook	VB4	
BrailleSense PLUS Notetaker	5	AC Adaptor	VB5	
	6	USB Cable	VB6	
	7	Earphone	VB7	
	8	Serial Cable	VB8	
	9	Parallel Cable	VB9	
	10	Mini Leather Case	VB10	
	11	Carton Box for AC Adaptor	VB11	
	12	Carton Box for whole set	VB12	
Height Adjustable	1	Height adjustable table for wheel chair user	HA1	
Table	2	Height adjustable table for wheel chair user	HA2	
Computer	1	PC designed for Wheelchair user	EP18	
Workstation	2	PC installed for Visually Impaired user	EP20	
Others (Please specify)				
(i rease speeny)				