

# New Mexico EMS Video Loan Program Reservation Form

Membership Number \_\_\_\_\_ Service Name \_\_\_\_\_

## JANUARY

<u>VIDEO NUMBER</u>	<u>VIDEO TITLE</u>	<u>DATE NEEDED</u>
1.		
2.		
3.		
4.		

## FEBRUARY

<u>VIDEO NUMBER</u>	<u>VIDEO TITLE</u>	<u>DATE NEEDED</u>
1.		
2.		
3.		
4.		

## MARCH

<u>VIDEO NUMBER</u>	<u>VIDEO TITLE</u>	<u>DATE NEEDED</u>
1.		
2.		
3.		
4.		

## APRIL

<u>VIDEO NUMBER</u>	<u>VIDEO TITLE</u>	<u>DATE NEEDED</u>
1.		
2.		
3.		
4.		

## MAY

<u>VIDEO NUMBER</u>	<u>VIDEO TITLE</u>	<u>DATE NEEDED</u>
1.		
2.		
3.		
4.		

## JUNE

<u>VIDEO NUMBER</u>	<u>VIDEO TITLE</u>	<u>DATE NEEDED</u>
1.		
2.		
3.		
4.		

\*\*\* See reverse side \*\*\*

**JULY**

<u>VIDEO NUMBER</u>	<u>VIDEO TITLE</u>	<u>DATE NEEDED</u>
1.		
2.		
3.		
4.		

**AUGUST**

<u>VIDEO NUMBER</u>	<u>VIDEO TITLE</u>	<u>DATE NEEDED</u>
1.		
2.		
3.		
4.		

**SEPTEMBER**

<u>VIDEO NUMBER</u>	<u>VIDEO TITLE</u>	<u>DATE NEEDED</u>
1.		
2.		
3.		
4.		

**OCTOBER**

<u>VIDEO NUMBER</u>	<u>VIDEO TITLE</u>	<u>DATE NEEDED</u>
1.		
2.		
3.		
4.		

**NOVEMBER**

<u>VIDEO NUMBER</u>	<u>VIDEO TITLE</u>	<u>DATE NEEDED</u>
1.		
2.		
3.		
4.		

**DECEMBER**

<u>VIDEO NUMBER</u>	<u>VIDEO TITLE</u>	<u>DATE NEEDED</u>
1.		
2.		
3.		
4.		

Please mail or fax form to:  
**EMS Region III**  
**Attn: Brandie Abernathy**  
**PO Box 1895, Clovis NM 88102-1895**  
**or fax to (575) 769-3485**