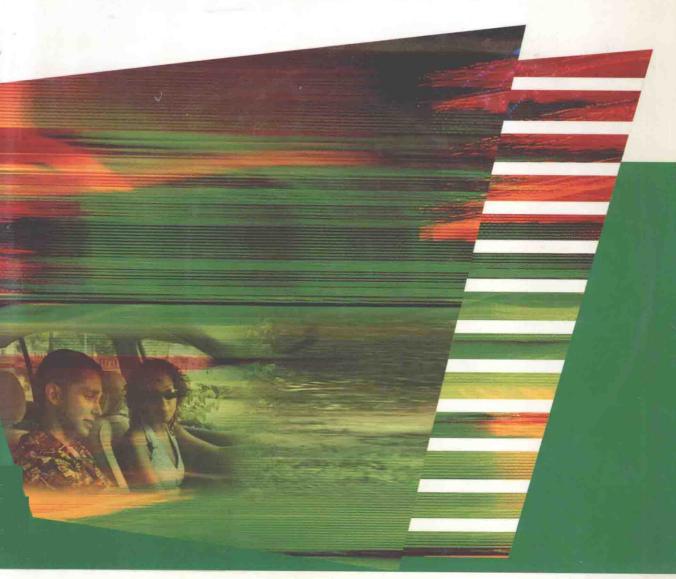
"十一五"国家重点出版规划项目

根据教育部《大学英语课程教学要求》编写



COLLEGE ENGLISH LISTENING AND SPEAKING

大学英语视听说教程





大学英语 视听说教程

(3)

教师用书

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图书在版编目(CIP)数据

大学英语视听说教程(3)教师用书/刘红中主编. —北京:北京大学出版社,2007.1 (大学英语立体化网络化系列教材) ISBN 978-7-301-08328-4

I.大… II. 刘… III. 英语-听说教学-高等学校-教学参考资料 IV. H319.9 中国版本图书馆 CIP 数据核字(2005)第 103141 号

名:大学英语视听说教程(3)教师用书

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标准书号: ISBN 978-7-301-08328-4/H·1364

出版发行:北京大学出版社

址: 北京市海淀区成府路 205 号 100871 地

网 址: http://www.pup.cn

话: 邮购部 62752015 发行部 62750672 编辑部 62755217 出版部 62754962

电子邮箱: zbing@pup.pku.edu.cn

印刷者:世界知识印刷厂

经 销 者:新华书店

787毫米×1092毫米 16 开本 41 印张 1050 千字 2007年1月第1版 2007年1月第1次印刷

定 价: 65.00 元(附赠光盘)

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前言

为全面培养我国大学生英语实际应用能力,提升英语听说能力,在新世纪初,国家教育部和全国高校外语教学指导委员会制定颁布了最新的《大学英语课程教学要求》(试行),为大学英语教学明确了前进的方向。与此同时,对新的大学英语教材的需求也就与日俱增。在这新形势的鼓舞下,北京大学出版社和北京大学英语系大学英语教研室共同组织、策划了这套《大学英语视听说教程》(1—4 册),在北京大学教务部、北京大学外国语学院的支持下,该教程有幸得到了与北京大学有二十五年教学合作历史的 ESEC(Education Services Exchange with China 美国美中教育服务机构)的加盟,并获得北京大学教材建设委员会的重点立项。北京大学大学英语教研室与 ESEC 的众多语言学专家、英语教学专家通力合作,精心设计、反复琢磨,拟定大纲、编写样课,旨在结合国内外优秀英语教材的编写经验,为广大师生提供一套场景真实、语言地道、形式灵活多样、内容丰富生动的好教材,从而提高我国大学生的英语听说能力。

1. 编写宗旨

《大学英语视听说教程》是根据《大学英语课程教学要求》(试行)为大学非英语专业学生设计而编写的。其主要目标是培养学生的英语听力能力和口头表达能力,同时增强他们的自主学习能力,提高他们的综合文化素养。

本教程的编写重点:

- 1) 在选材上,特别注重口语的特征,注意题材的实用性。每课专设"英语习语"部分,强调语言真实、地道。语言素材全部由美方美中教育服务机构 TESOL 教员收集、撰写,力求符合中方教师的编写方案,场景贴近学生的生活,话题深受学生喜欢,力求达到学以致用。
- 2) 在内容编排上,注重国内和国外文化习俗和礼仪的介绍,以培养学生的综合文化素 养和跨文化交际能力。
- 3) 注重学生自信心、学习方法和学习策略的培养。分单元介绍学习方法,提高学生自主 学习的能力。
- 4) 注重口头表达能力的培养,以说带听,同时强调听与说的互动,充分发挥学生的主观能动性。使他们能从进行日常对话、简答问题、发表看法,慢慢发展到做较长的口头发言、开展辩论活动,逐步提高英语口语能力。
- 5) 强调听说基本功训练,每册含有大量的机械模仿练习和听写练习,为快速提高学生听的能力,达到记笔记、写摘要的水平打下坚实基础。同时,在训练学生语篇理解能力的基础上,培养学生通过上下文猜词的能力。倡导脚踏实地,循序渐进,不断提高。练习形式多样,以交际中的实际需要为重,主要为主观题型。包括:回答问题、听写、正误判断、填补信息、写提纲、写摘要等。同时,每单元配有客观题为主的单元小测验。

大学英语视听说教程 (3)

- 6) 重视口头语言在语音、语调、单词、句子、段落中的各种特征,设有专门的练习部分, 以提高学生交际的有效性,同时增强自信心。
- 7) 培养学生习惯正常英语语速,听力材料全部采用正常语速录音,注重原汁原味。其难 度的区分取决于材料的题材、所涉及的词汇量大小以及句子结构的复杂程度。

2. 教程构成

全教程共 4 册,分为学生用书和教师用书。配有相应的录音磁带和电子光盘,提供网络教学平台。每册内容均极其丰富,完全可以作为听说教材独立使用,也可以和北京大学出版社出版的《大学英语教程》配合使用。本套书每册共有十六个单元,其中第一至十五单元为课文,第十六单元为期末测试。第三册每单元课文内容及目的如下:

- 1) Ready; Set; Go!! 热身活动 Ready; Set; Go!!围绕单元主题而设计的听说活动或游戏,为完成本单元主要任务热身。
- 2) Interactive Listening 听力互动 Interactive Listening 内有两项对话听力材料:Listening Task 1 和 Listening Task 2。每项材料后都有不同练习,主要目的是通过听日常对话,了解日常生活用语的特点,培养学生整体理解以及捕捉特定信息的能力,锻炼学生能就自己的观点发表简短意见。同时这两项听力材料同时也可作为本单元口语练习的范例。
- 3) Speaking Interaction 口语互动 Speaking Interaction 旨在帮助学生掌握生活中常见的口语表达用语,培养他们的口头交际能力。其任务有三项:

Communication with Purposes 交际功能表达用语

在此项活动中,学生做跟读练习,掌握地道正确的日常口语表达用语。提供 Making a Diagnosis, Questioning and Responding in an Interview, Planning Events, Expressing Preferences and Opinions, Expressing Possibility, Expressing Skepticism, Expressing Disappointment, Asking and Responding to Questions during Presentations, Making and Denying Accusations, Offering and Asking for Help, Selling Yourself in Job Markets, Making Complaints over the Phone Completing Bank Transactions, Seeking and Receiving Advice, Disagreeing and Compromising 等交际功能的语言素材和对话范例,供学生学习掌握。

Small Group Interaction 小组互动

Small Group Interaction 旨在训练学生在所指定的情景下,运用所学功能表达用语,参照范例进行口语练习。

The Chinglish Correction Connection 中国式英语纠错 此项练习的目的是告诫学生避免那些由于受母语影响而常犯的语言错误。

4) Further Listening and Speaking 听说拓展

本部分有五项任务:

Culture Klatch 文化视角

Culture Klatch 提供一篇介绍文化习俗的听力材料,着重语篇训练,加强听篇章、抓大意、听较长句子的能力,同时加强对西方文化的了解。是本部分的重点。

FYI (For Your Information) 知识信息

FYI 提供一篇有关人文、地理、趣事,信息量较大的短文,其练习较富挑战性。短文的文字稿附在学生用书上,既方便学生查对,又方便他们做模仿跟读练习。以强化学生对英语有声语言的重音、连读、语音语调特点的了解,从而更有效地提高学生的听说能力。喜好挑战的学生可先听,待做完理解练习后,再对照原文做跟读模仿练习。同时,FYI 也是口语辩论活动的参考素材。

Follow the Script 紧跟脚本

Follow the Script 提供一篇真实的演讲音像材料,让学生身临其境学英语。

What's the Story 故事欣赏

What's the Story 提供一篇故事性、趣味性较强的短文,特别适合学生进行口头复述用,为日后口头发言打下良好的基础。

Idioms 习语谚语

生动实用的习语为进一步加强听说训练提供了更多素材。学生通过完成填空、猜测词意、学会解释等练习,在快乐的学习环境中,不知不觉地提高听说能力。

5) Speaking for Understanding 清楚表达

Sound Discrimination 辨音练习

本部分练习提供单词、句子、绕口令等形式的语音练习,改善英语语音,同时也为提高听的能力打好基础。

A Music Cloze 歌曲填空

A Music Cloze 提供一首英文歌曲,供学生朗读和跟唱,为正音增强了趣味性。

6) Self-Directed Study with Dr. Yu 在余博士指导下自主学习

Self-Directed Study with Dr. Yu 分章节向大家介绍了 ESEC 美国美中教育服务机构 总裁 Danny Yu 博士有关怎样通过自主学习,提高英语听说能力的具体方法和应遵循的法则。同时本套书的网络版,还附有 Danny Yu 博士精彩演讲的录像。在演讲中 Danny Yu 向我们介绍了他和家人学习英语的亲身经历,让我们认识到,说好英语的关键在于自信和坚持不懈。学生可以分段试听。

7) Quiz 单元小测验

每单元的小测验在选材上紧扣本单元主题,形式为客观多选题和主观听写填空题。 这样既可减轻教师判卷工作量,同时也能帮助学生适应全国大学英语四六级考试的 题型。内容包括各种听力技巧的短对话、长对话及短文。录音材料的难易程度和语速 严格参照《大学英语课程教学要求》(试行)。可以安排在课内进行,也可以让学生通 过网络平台在课外进行。

3. 选材原则

注重内容的时代性、信息性、趣味性,既跟得上时代的步伐,又贴近生活。注意语言的规范性,题材的广泛性,同时又强调口头语言的特性,力保语言的纯真、地道和活力。第一、二册素材以日常对话及长度适中的短文为主,第三、四册以较长的对话、短文、访谈和讲演为主。

4. 使用说明

《大学英语视听说教程》在内容上与《大学英语教程》有联系,但又不受之局限,可单独使用,也可配合《大学英语教程》使用。与之配套的网络教学平台还将提供讲座录像材料,为学

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生们提供真实的语言素材。

本册教程共十六个单元,根据各学校的课程设置情况,每单元可安排 1—2 课时。Ready; Set; Go!!, Interactive Listening 和 Speaking Interaction 部分应在课内完成。如果听说课的时间有限,可以要求学生对 Speaking Interaction 部分做课前预习,以保证课上进行口语活动的有效性。Further Listening and Speaking 部分可以根据学生的实际听说水平,选一项或两项内容在课内完成,其余部分供学生在课外自主学习。Speaking for Understanding 可视学生的实际情况,既可在课内指导,也可布置学生在课外完成。Self-Directed Study with Dr. Yu 是本教材一个特点,是为了让学生更有效地提高听说能力而专设的学习策略栏目,一定要督促学生课后完成。Quiz 宜在每次课结束前完成,若时间不允许,也可让学生课外做。总之,课堂教学以说为主,同时注重听力的方法指导;课外学生自主学习则以听为主,同时也要求学生进行配对或小组口语活动。课外完成的部分,课堂上做适当的检查即可。

与本教程配套的《教师用书》与《学生用书》对照排版,不仅提供听力材料原文和练习的参考答案,而且对每种教学任务的目的和实施的具体步骤有详尽的描述,对课文中所涉及到的文化习俗和有关背景知识也有详细的说明。为方便课堂教学,本教程还配有专供教师使用的电子教案,内附部分视频材料,以提高课堂教学的效率和趣味性。

本教程由北京大学英语系大学英语教研室具体策划并负责编写, 素材由 ESEC 美国美 中教育服务机构的众多教员提供。为第三册提供素材的美方教员是:Gerald Anthony (Manassas, Virginia), Nicole Biggers (Healdsburg, California), Heather Daigle (New Orleans, Louisiana), Robert Filback (Los Angeles, California), Tara Fox (Chicago, Illinois), Heidi Hartman (Hermosillo, Mexico), Jennifer Kanode (Palmyra, Pennsylvania), Holly Krech Thomas (New York, New York), Alison Pirsein (Los Angeles, California), Steve Rawlinson (Auckland, New Zealand), Lee Seetoo (Delran, New Jersey), Alex Shih (Somerville, Massachusetts), Karla Soule (Grand Rapids, Michigan), Christina Stringer (Auckland, New Zealand), Rebecca Tranthem (Tampa, Florida), Lisa Yiu (Los Angeles, California)。另外,美籍教师 Shirley Patterson 审阅了 全书,原北大英语系美籍教师 Stephanie Tebow、ESEC 教师 Hee Sung Shin 为本册课文录音 和歌曲演唱的编排、录制付出了辛勤的劳动。刘红中老师为课文的音像录制寻找、挑选人员 并审听了全书的录音素材。ESEC 总裁 Danny Yu 博士为教材的顺利编写,多次往返于中国 和美国之间,协调编写工作,还就如何提高听力口语能力,特地为学习此教材的学生做录像 讲座。在此,谨向他们表示最衷心的感谢!另外,我们还要特别感谢为本教材提供音像帮助的 美国公共服务机构。他们是: William J. Clinton Presidential Library, John F. Kennedy Presidential Library and Museum Presidential Columbia Point, Boston 等。

为配合常规课堂教学,ESEC 和北京大学运用本教材的教学理念,专门策划开设了暑期全封闭式高级英语听说课程——Total Immersion Program,收到了良好效果。目前,此课程在北京大学的支持下,已成为北大昌平园区常规的短训课程。详情请参见 http://www.tip.pku.edu.cn或 http://www.tip.org.cn。

编者 2006年7月于北大蓝旗营寓所

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教师用书

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An Apple a Day Keeps the Doctor Away!

Ready; Set; GO!! Conversational Warm-Up

Experiment: One of These Words Is Not like the Other! Choose the word that does not fit and explain why.

- 1. medical assistant doctor farmer resident doctor nurse
- 2. toe eye mouth nose cheek
- 3. emergency room cafeteria intensive care unit delivery room operating room
- 4. heart lung brain foot liver
- 5. diabetes heart disease AIDS cancer lung
- 6. knee palm finger fingernail thumb
- 7. dog cat bird sheep cow
- 8. China America Vietnam Missouri Mexico

Interactive Listening



Listening Task 1

Activity 1

The words and phrases in the WORD BOX will appear in the following dialogue. Study the definitions so that you will be able to read along with the recording.

WORD BOX

X-ray: a photograph taken using radiation to see bones inside the human body vital signs: pulse rate, breathing rate, body temperature and blood pressure of the human body

fracture: a break in bone

splint: a strip of rigid material used for holding a broken bone etc. when set

crutches: a staff that fits under the armpit to assist with walking. Crutches are usually used when one has a broken leg or broken foot

cast: a rigid dressing that supports a broken bone

swelling: a term that describes how a body part will briefly expand once it has been injured

				-
AE	tiv	/its	+6	E)B
AL	LIN	MU	1 10	mb

Directions: Listen to the following dialogue.

- Step 1: Listen the first time for the words in the WORD BOX.
- Step 2: During the second recording, listen and read along.
- Step 3: The third time you hear the recording, write the missing words and phrases you hear in the blank spaces provided to complete the dialogue.

Megan:	I'm really glad that	my house. This	
	when we work together.		
Jessica:	I'm really enjoying it too!	This is my whoa	(Jessica comes crashing to the
	floor off of the ladder.)		
Megan:	?		
Jessica:	I think	because it hurts	really bad.
Megan:	I'll help you to your feet an can X-ray it and see if it's b	w (20 x 10 y 1	so that they
(Musical inte	rlude)		
Triage nurse:	<u> </u>		
	I fell off of a ladder today a	nd I think I broke my	ankle.
Triage nurse:	Let me take your vital sign	gns and get	from you.
	model of Plance de delore		intil the doctor can see me?

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Triage ni	and you will be called shortly.		
Jessica:	Thank you.		
(Musical	interlude)		
(1121151CGI	www.wac,		
Dr. Ray:	Hello! what brings you to th		
Jessica:	I was painting earlier today and	I think I broke my a	nkle.
Dr Ray:	Are you able to stand or walk on it?		
Jessica:	Not at all		
Dr. Pov	I'm going to exam your ankle now. (Short pause)	e an sand a a let	Y-rave
Di. Kay.	I see a fracture on your ankle. You were right. You		
	going to get some more medical information from		
	splint and give you some crutches.	you and then I II get y	ou into a
Jessica:	How long will I have to be on crutches, Dr. Ray?		
Dr. Rav:	I'll make sure that you get an appointment	. She'll pu	t vou in a
1000	cast after the swelling goes down and	area They were	,
Jessica:	Several weeks! It'll be really difficult,	. Thank you, d	octor.
Activity	Checking for Understanding		
	time to check your answers with your teacher. After you	have corrected your work	with your
	listen again to the dialogue as you read along with the comple	-	
Activiti	Answering Questions		
	e following questions regarding the dialogue above. Write dow	n your answers in the space	e provided
	ss them in class.	,	- protince
and aloos	30 415.11 11 314551		
	was Jessica helping Megan do when she fell off of the la		
2. What	did the triage nurse do for Jessica?		
3. After l	he looked at the x-rays, what was Dr. Ray planning on d	oing next?	
4. How d	o you think Jessica felt when she was told she would be in		ou know?

大学英语视听说载程 (3)



Activity 1

Directions: Listen as the dialogue continues. As you listen, answer the following questions.

- 1. When is Jessica getting her cast removed?
- 2. How much did Megan think Jessica's doctor's visits cost?
- 3. Why do doctors have to charge a high price?
- 4. What are some of the reasons that Megan say are the cause of high health care costs?
- 5. Why does Megan think patients are greedy?

Activity In Your Opinion

Activity 2

Directions: Listen to the dialogue again for the meanings of the words and phrases as they are used in the dialogue. Write down your explanations on the lines that appear after each word or phrase below.

to cost an arm and a leg:		
-		hed to be hed.
technology:		
skyrocketing costs:		
profit:	- complete of the males of the contract of the	nutricular resurra of idivaluation less had
malpractice:		
-		, leptoti-

- 1. Many Americans are upset about the skyrocketing costs of health care in their country. Do you think that the cost of health care is too expensive in your country? Why or why not?
- 2. When is it acceptable to sue a doctor for malpractice? When is it unacceptable?

大学英语视听说教程(3)

3. Have you ever had a bad experience with a doctor? If you have, describe it.

In the USA, individuals are responsible for maintaining their own health-care coverage. Most people have medical insurance through their jobs. There are government programs that do assist individuals and allow them to get health care for a very low price (or even free), but these government programs are only available to the elderly and the extremely poor.

Most other parts of the West, however, have socialized medicine. Socialized medicine is free or very low-cost health care for everyone that is paid for by the government. The quality of health care in nations with socialized medicine, however, is generally lower than in the USA, and taxes are higher.

Canada is an example of a nation with socialized medicine. Because of its lower health-care costs, many Americans obtain medications from Canada and travel there for minor surgeries. Many Canadians, however, head south to the U.S. when they have major illnesses.

Speaking Interaction

Small Group Work: Refining Patterns of Speech

Below are some common ways to make a diagnosis. Diagnoses are usually made in the medical context, but problems in any area of life can also be diagnosed as well. The word patterns are designed to show you formal, informal and casual manners of speech.

Helpful Hint: Remember, when you are not certain which form is appropriate to a particular situation, always use the formal approach. The formal use of language is never incorrect and will always be understood.

Activity

- Step 1: Directions: Listen and repeat the following examples of the formal, informal and casual functions that appear in the text.
- Step 2: Directions: Practice the examples below with a partner or within a group just as you heard them modeled in the audio version. Change speaking roles so that each person has a chance to say each part.

Making a Diagnosis: Formal

- 1. A: Mrs. Sung, may I talk to you for a moment?
 - B: Yes, Dr. Wong. Can you tell me what is wrong?
 - A: I do have a diagnosis. This is difficult to say, but you have a tumor in your right side. We don't know yet if it's cancerous or not. We need to operate right away.
 - B: A tumor? What will happen if it is cancerous?
 - A: We'll cross that bridge when we come to it. Your surgery is scheduled for tomorrow morning.

大学英语视听说教程 (3)

- 2. A: Alexis, it's good to see you today. What brings you into my office?
 - B: Well, I went to the ER last night because I had numbness in my hands. They told me I might have a brain tumor. I've come to get a *second opinion*. My hands feel fine right now.

In the West, it is common and encouraged for patients

to get a second opinion if they've been diagnosed

with a serious illness. Doctors can make mistakes.

and getting a second opinion ensures that the initial

diagnosis was the correct one. After all, "two heads

are better than one."

- A: A brain tumor? What are your symptoms? How is your vision?
- B: My vision is fine.
- A: Have you had any bad headaches recently?
- B: No, I haven't.
- A: Have you been extremely tired lately or have you had problems thinking or walking or communicating?
- B: No, I haven't had any of those problems at all.
- A: Then you probably don't have a brain tumor. But we'll do some tests to make sure.
- 3. A: Ms. Gomez, may I talk with you for a moment? I believe we might have a problem.
 - B: Yes, Jake. What seems to be the problem?
 - A: I am concerned because I believe there is something wrong with the reports that we received last month from the accounting department. The numbers don't make sense.
 - B: If you're right, that could be a big problem. I'll take a look at these numbers myself.

Making a Diagnosis: Informal

- 1. This conversation is between a doctor and two medical students.
 - A: After looking at the this patients history and physical examination, laboratory results, and X-rays, what is your diagnosis, Karen?
 - B: Dr. Smith, I think that the patient has lung cancer.
 - A: Bill, is Karen correct?
 - C: I don't think she's quite right. Actually, I think that the patient has bronchitis.
- 2. This conversation is between two doctors.
 - A: Kelly, I think that the patient in Room 12 has appendicitis.
 - B: I'm not sure that I agree with you, Doug.
 - C: But he has all the signs and symptoms of appendicitis. He has severe pain in his side, a high temperature, and his right lower abdomen is tender. His blood is being tested right now.
 - D: Yes, you're right. Let's do an ultrasound to be sure.
- 3. A: Nikki, I think we have a problem here and we should talk to our manager about it.
 - B: What problem?
 - A: Our computers have crashed three times this week and we're behind in our work because of it. We can't meet our deadlines if our computers crash so often.
 - B: I agree, but the company doesn't like to spend money.
 - A: They'll have to if they want us to do our jobs.