



UNIVERSITY OF CENTRAL FLORIDA

College of Medicine

Please complete the following for a custom rental quote for the Bioskills Lab. Attaching a rough draft agenda and detailed course description is appreciated. Return shipments of equipment must be set up by company (e.g. FedEx).

Course Request

Name of Course: _____
Start Time: _____ End Time: _____ Total Hours of Course: _____
Date(s) Requested: _____ Alternate Date(s): _____
Setup Date(s): _____ Total Hours of Setup: _____

Organization

Company Legal Name: _____ Phone: _____ Fax: _____
Address: _____ City: _____ State: _____ Zip: _____
Contact Person Name: _____ Email: _____
Brief Description of Organization:

Is there ownership or investment by a health care provider or health care entity (e.g. physicians, hospitals)?
 Yes No

If yes, please identify who and indicate what state they are located in:

Bioskills Lab

Course Description/Agenda:

Number of Attendees: _____ Specimen Type: _____ Qty: _____

(Include Support Staff)

Occupation of Attendees (e.g. Orthopedic Surgeons, Anesthesiologists): _____

Have the attendees of this course already purchased the product being demonstrated and are attending the session for training/education purposes? YES NO

Number of:

Facilities Requested:

- Stations
- Lab Participants using PPE
- Suction Machines
- Lab Sessions per day
- Basic Instrument Trays

- Yes No Anatomy Lab
- Yes No Training Classroom (Seats 44)
- Yes No Small Lecture Hall (Seats 55)
- Yes No Large Lecture Hall (Seats 165)
- Yes No Dining Area during course
- Yes No Dining Area during setup