



Please complete the following for a custom rental quote for the Anatomy 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: _____

Date(s) Requested: _____ Alternate Date(s): _____

Setup Date(s): _____ Total Setup Hours: _____

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:

Anatomy Lab

Course Description/Anticipated Deliveries/Agenda (Please provide agenda if available):

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

(Include Support Staff)

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

Are there any products being demonstrated at this course? YES NO

If YES, please check which of the following apply:

- The attendees of this course have already purchased the product being demonstrated and are attending the session for training/education purposes.
- The attendees of this course have not purchased the product and will be provided with sales and marketing information promoting the product.

Will the attendees of this course receive continuing education credits? YES NO

Number of:

Facilities Requested:

Cadaveric Stations

Yes No Anatomy Lab

Live Model Stations

Yes No Training Classroom (Seats 44)

Lab Participants using PPE

Yes No Small Lecture Hall (Seats 55)

Suction Machines

Yes No Large Lecture Hall (Seats 165)

Lab Sessions per day

Yes No Dining Area during course

Basic Instrument Trays

Yes No Dining Area during setup

Lead Aprons