

Rental Request Form (Please fill out as much of the requested information as possible.)

GENERAL INFORMATION

Company/Org: _____
Contact name: _____
Billing address: _____
Email: _____
Office phone: _____ Mobile phone: _____

COURSE INFORMATION

Course Dates: First choice: _____ Alternates: _____
Course Title: _____
Number of
Surgeons/Physicians: _____ Staff: _____ Nurses: _____ Faculty: _____ Vendors: _____ Total: _____

SPACE REQUIREMENTS

- Auditorium: 100+-seat, tiered
- Bioskills Lab: up to 16 lab stations
Number of stations needed: _____ Start time of lab: _____ End time of lab: _____
- Dry Lab
- Research Lab
- Conference Meeting Rooms: educational sessions, breakout sessions
- Board Room A: Seating for 18 at conference table
- Board Room B: Seating for 18 at conference table
- Break Area/Dining
- Outdoor Terrace: 3,700 square foot terrace overlooking pond and protected woodlands
- Indoor Social Reception
- Hotel Guest Rooms (ASGE can recommend several nearby hotels to provide guest room accommodations for your attendees.)

NOTES

AUDIOVISUAL REQUIREMENTS

| | | | | |
|----------------|-------------------------------|--------------------------------|------------------------------------|--|
| Auditorium: | <input type="checkbox"/> None | <input type="checkbox"/> Basic | <input type="checkbox"/> Recording | <input type="checkbox"/> Broadcast to: _____ |
| Bioskills Lab: | <input type="checkbox"/> None | <input type="checkbox"/> Basic | <input type="checkbox"/> Recording | <input type="checkbox"/> Broadcast to: _____ |
| Dry Lab: | <input type="checkbox"/> None | <input type="checkbox"/> Basic | <input type="checkbox"/> Recording | <input type="checkbox"/> Broadcast to: _____ |
| Meeting Rooms: | <input type="checkbox"/> None | <input type="checkbox"/> Basic | <input type="checkbox"/> Recording | <input type="checkbox"/> Broadcast to: _____ |
| Board Room: | <input type="checkbox"/> None | <input type="checkbox"/> Basic | <input type="checkbox"/> Recording | <input type="checkbox"/> Broadcast to: _____ |
| Terrace: | <input type="checkbox"/> None | <input type="checkbox"/> Basic | <input type="checkbox"/> Recording | <input type="checkbox"/> Broadcast to: _____ |

Do you require advanced audiovisual support? Yes No

LAB REQUIREMENTS

Do you require C-Arms? Yes No If yes, how many? _____

Do you require any laboratory instrumentation or equipment? Yes No

Briefly describe instrumentation required: _____

Additional instrumentation required:

Power Equipment: Yes No Please describe: _____

Endoscopic Towers: Yes No How many and type? _____

Other Equipment: Yes No Please describe: _____

SPECIMENS -- *ASGE provides all specimens and lab staffing for courses.*

Do you require specimens? Yes No Type: _____ Quantity: _____

Type: _____ Quantity: _____

Type: _____ Quantity: _____

Special instructions (i.e., acceptable parameters, age, sex, surgeries, etc.) Yes No

Describe: _____

Briefly describe your anatomic procedure: _____

CATERING REQUIREMENTS

Breaks Breakfast Lunch Dinner Evening Reception

GENERAL COMMENTS OR INSTRUCTIONS FOR EVENT

