



FACILITY AND/OR LECTURE HALL RENTAL REQUEST

Complete Form and Email To: info@nw-best.com or fax to (425) 251-6575

Company Name: _____ Meeting Dates: _____

Title of Meeting: _____

Estimated Number of Surgeons: _____ per day

Estimated Number of Staff: _____ per day

Meeting Coordinator: _____

Phone: _____ Cell: _____ Email: _____

On-Site Representative: _____ Cell: _____

Please Check All Applicable Requirements:

Anatomy Lab

Stations Required _____

Lecture Hall _____

Demo Station _____

Describe anatomic procedure _____

Laboratory needs: List how many of each you will require

C-Arms _____ Microscopes _____ Suction _____ Saws _____

C-Arm Techs _____ Bovie's _____ Drills _____ Headlamps _____

Audio Visual support in Lecture Hall:

Lap Top Connection _____ DVD Recording _____

Video Conferencing -Future _____ AV Technician _____

Billing Contact: _____

Telephone: _____ **Email:** _____

Anatomical Request

Meeting Name: _____

Date Ordered: _____

Ordered by: _____

Date Required: _____

Organization: _____

Meeting Planner: _____

Meeting Dates: _____

Anatomical Material Request Description:

Preferred Anatomical Material Supplier: _____

Number of Specimens: _____

Requested by: _____

Bill to: _____

