



**FACILITY AND/OR LECTURE HALL  
RENTAL REQUEST**

**Complete Form and Email To: info@nw-best.com**

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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_