

SPINE MASTERS INSTITUTE: RENTAL REQUEST FORM

Date(s) _____ Time(s) _____

Name of Course _____ No. of Participants _____

Which of the following does your program require?

Auditorium Bio-skills Lab Function Room

Specimens, type and number _____

Briefly describe your anatomic procedure _____

No. of lab stations _____

Laboratory needs—No. of items required:

_____ C-arms _____ Microscopes

_____ C-arm Technicians _____ Bovie's

_____ Suction _____ Headlamps

_____ Drills _____ Saws

Audiovisual needs in the auditorium and/or bio-skills lab:

_____ DVD Recording _____ AV Technician

_____ Audio Conferencing _____ Other _____

Other needs or requests _____

Company/Organization _____

Contact Name _____

Billing Address _____

E-mail Address _____

Business Phone _____

Mobile Phone _____

Please return to:

NASS

Attn.: Christina Wolf

Fax: (630) 230-3761