

Dancing with the Elbow Stars!
March 5 - 7, 2011

*Kindly note that all requests for changes to this contract
must be submitted to and approved by the Hand Rehabilitation Foundation by January 14, 2011.*

Bioskills Workshop Contract	
Sponsor	
Title	
Faculty	
Date/Time/Duration	
Workshop #	
Location	Loews Philadelphia Hotel 1200 Market Street, Philadelphia, PA 19107 (215) 627-1200
Room Capacity	Approximately 50 (<i>Classroom Style</i>)
Room Assignment	To be assigned
Set Up	Immediately prior to start of workshop
Break Down	Immediately following completion of workshop
Ship Materials to:	<i>(After March 2, 2010)</i> Loews Philadelphia Hotel <i>"For Hand Rehabilitation Foundation Symposium March 5 - 7, 2011"</i> 1200 Market Street Philadelphia, PA 19107

Please provide the following information:

Main contact for workshop planning: _____

Telephone: _____

Facsimile: _____

E-Mail: _____

Have you contacted Faculty member regarding workshop? _____

Workshop Personnel: (Other than Faculty)

Will you require equipment storage prior to symposium? _____

Workshop Details

- A. **Workshop Format. Briefly describe workshop set-up, content, and objectives.**

- _____ Lecture only by faculty member
- _____ Lecture with cadaveric demonstration by faculty
- _____ Hands-on workshop with attendees using “Sawbones”.(Cadaveric specimen is **not** an option.)
- _____ Other (Please describe)_____

- B. **Room Set-Up (*To be determined based on workshop registrations*)**

- _____ Lectern on riser with head table for _____ people
- _____ Theater seating
- _____ School room with chairs
- _____ School room without chairs
- _____ Round tables with_____ seats per table
- _____ Round tables with no seating
- _____ Other. Please describe.

- C. **Workshop Capacity (*Capacity for classroom set-up is 50 people*)**

Please enter maximum capacity for your workshop _____

For periodic updates on the registration counts for your workshop, please contact the Hand Rehabilitation Foundation.

Workshop rooms are assigned on a “first come, first served” basis and the HRF cannot guarantee a room size for the maximum number of attendees, although every effort will be made to accommodate your request.

D. Equipment

Please note that these costs will be billed back to you following the meeting.

_____ Cadaveric specimens_____ (How many?) <i>(Includes shipping & handling, container, and documentation)</i>	\$525/specimen
_____ Protective gear_____ (# Sets)_____ <i>(Includes gown, gloves, shoe covers, face shields, and table drapes)</i>	\$10/set
_____ Floor/chair plastic (Visqueen)	\$.75/ft ² (Approx.)
_____ Biohazardous waste disposal	\$25/30 pound box

E. Audio-Visual Equipment

Please note that these costs will be billed back to you following the meeting.

AUDIO VISUAL EQUIPMENT AND LABOR PRICING		
Notes	ITEM	Suggested Price
GENERAL AUDIO VISUAL		
	LCD Projectors w/ Stand	\$350.00
	7' Screens	\$4500
	Projection Stand	\$30.00
	Flipchart	\$30.00
VIDEO / COMPUTER		
	PC Laptop	\$250.00
	Digital Video Camera w/ Tripod	\$350.00
	Video Lighting	\$200.00
For Video Image Record/Capture	DVD Recorder, video preview, audio monitor, video distribution amp	\$475.00
<i>Required for Multiple Video/Data Sources: laptop, scope, DVD player, video/camera)</i>	Video/Data Switcher/Converter	\$300.00
AUDIO		
	Wireless Lavalier Microphone	\$125.00
	Wireless Hand Held Microphone	\$125.00
	Podium Microphone	\$35.00
	Floor Microphone	\$35.00
	Table Microphone	\$35.00
Required for all sound(laptop, microphone etc)	Audio Mixer	\$60.00
Needed for Parlor 1(no sound)	Small Sound System	\$90.00
Computer Sound	Computer Audio Direct Box	\$40.00
LABOR		
5 Hour Minimum @ \$65 per hour	Camera Operator	\$325.00
5 Hour Minimum @ \$65 per hour	Video/Data Switcher Operator	\$325.00
Required: Per room Equipment Setup/ Strike	Labor per Room: 25% of Equipment Total	

Please note that it is your responsibility to provide all instrumentation, equipment, and accessories for the demonstration. Please call or e-mail the Hand Rehabilitation Foundation at (610) 768-5958 if you require clarification.

Please indicate any items which you will require that are not listed on the previous page.

Biohazardous Waste Disposal - Your Responsibilities

Important: If using the medical waste disposal service the following apply:

1. Please advise your on-site representatives that they will be completely responsible for any medical waste clean up (including but not limited to specimen waste, Visqueen on table tops and floors) required for this course. No additional staffing will be supplied by the Hand Rehabilitation Foundation.
2. Each specimen must be wrapped individually before disposal. It is suggested that you use the biohazard bag in which it arrived or, preferably, a new one.
3. Fully and completely seal the biohazard bag containing the specimens so that there can be no leakage.
4. Place all protective gear and specimens in appropriate containers provided for disposal.
5. Instrumentation: A sharps container is required if you are utilizing the waste disposal company. If you are not disposing of your sharps and instruments using the waste disposal service, it is your responsibility to remove your instrumentation for cleaning. You are not allowed to use any area within the hotel or city limits for this purpose. Your instruments must be sealed and returned to your home location for cleaning where all OSHA rules can be observed.

My signature below indicates that I have read all of the above guidelines and agree to comply fully with each article as stated.

Please print name

Signature

Date

Please fax to Hand Rehabilitation Foundation - at (610) 768-8887.
Thank you.

