

**ASTEC RESERVATION FORM
Commercial User**

Date of Request: _____ Company Name: _____

Contact Name: _____ Phone Number: _____

Billing Address: _____

Event/Meeting Description: _____

Event Date/s: _____

Start Time: _____ End Time: _____ Number of Participants: _____

<u>Requested Space</u>	<u>Fees Per Day*</u>
<input type="checkbox"/> Entire Facility	\$3750
<input type="checkbox"/> Virtual Simulator Usage	\$50 / hour
<input type="checkbox"/> Access to Kitchen (Coffee & Tea) for Participants	\$50 / 10 participants
<input type="checkbox"/> Weekend and Evening Surcharge	\$500
<input type="checkbox"/> Partial Center (up to 2 areas)	\$2,250
<input type="checkbox"/> Classroom (28 seats)	
<input type="checkbox"/> OR	
<input type="checkbox"/> Central Skills Area	
<input type="checkbox"/> PreOp / PACU Bays	

<u>Additional Services</u>	
<input type="checkbox"/> Lab-specific Disposable Acquisition	TBD
<input type="checkbox"/> Catering	TBD
<input type="checkbox"/> Supplemental AV Support	\$50/hour (4 hr min)
<input type="checkbox"/> Curriculum Development	\$75/hour
<input type="checkbox"/> Research Proposal Development	\$50/hour

**Cancellation Fee of 10% will be applied for events cancelled with less than 30 days' notice.*

Reservation Forms should be scanned and submitted by email to: larry.walker@inova.org or crystal.reed@inova.org

ASTEC, Inova Fairfax Medical Campus, 3300 Gallows Road, Falls Church, VA 22042
Phone: 703-776-2040

ASTECS USAGE TRACKING FORM

Event Date: _____ Department/Organization: _____

Event/Meeting Description: _____

Number of Participants: _____

Type of Participant (Please list the number of participants from each category):

_____ Surgeons in Practice

_____ Physicians

_____ Residents

_____ Medical Students

_____ Nurses

_____ Other Allied Health Professionals (please specify) _____

_____ Other (please specify) _____

Number of Instructional Hours during this Meeting/Event: _____

Learning Domain for the Activity (check all that apply):

_____ Cognitive (knowledge, comprehension and critical thinking)

_____ Psychomotor (manual dexterity, perception and utilization of instrumentation)

_____ Affective (application of professionalism and effective communication)

_____ Team Training (teamwork skills, decision making and/or team strategies)

Assessments/Evaluations (check all performed):

_____ Learning

_____ Performance & Outcomes

_____ Faculty

_____ Continuous Improvement of Education & Training Programs

PLEASE SUBMIT THIS FORM WITH THE ASTEC ROOM RESERVATION FORM

ASTECS, Inova Fairfax Medical Campus, 3300 Gallows Road, Falls Church, VA 22042
Phone: 703-776-2040

ASTEC Equipment Request

This form must be completed to reserve the surgical simulation laboratory. Incomplete reservations will not be accepted, please remember to sign and date the bottom of this form.

Name of Lab:

Date of Lab:

Vendor Supporting Lab (Company Name):

Vendor Contact Information:

Name:

Phone Number:

Equipment/supplies provided by Vendor:

Equipment/supplies provided by ASTEC:

Equipment/supplies provided by Faculty:

Signature

Date

ASTEC, Inova Fairfax Medical Campus, 3300 Gallows Road, Falls Church, VA 22042
Phone: 703-776-2040