



HIRE REQUIREMENTS FORM

Please complete ALL details at least 2 weeks prior to ensure a successful event. We cannot guarantee your requirements unless all details are provided to us 2 weeks prior to your event.

Event Details	
Event Title (For Signage) Please provide logo in High Res Jpeg file if required	
Event Date	
Presenter/s	
Event Contact(s)	<i>Name:</i> _____ <i>Company:</i> _____ <i>Phone:</i> _____ <i>Email:</i> _____
Agenda	<i>Set Up:</i> _____ <i>Arrival/Registration:</i> _____ <i>Program Start :</i> _____ <i>Morning Tea :</i> _____ <i>Lunch :</i> _____ <i>Afternoon Tea :</i> _____ <i>Finish :</i> _____ Or please provide timing details if an evening hire:
Number Attending (provide approximate if unknown) <i>Final numbers are required 5 working days prior.</i>	<i>Presenters:</i> _____
	<i>Participants:</i> _____
	<i>Staff:</i> _____
	<i>Sponsors:</i> _____

Room Required (Please tick)	<input type="checkbox"/> <i>Level 2 Clinical Training Room - fixed simulation stations - seats up to 24</i> <input type="checkbox"/> <i>Level 1 Lecture Room Set Up</i> <input type="checkbox"/> <i>Classroom (seats up to 54)</i> <input type="checkbox"/> <i>U Shape (seats up to 30)</i> <input type="checkbox"/> <i>Boardroom (seats up to 25)</i> <input type="checkbox"/> <i>Theatre (seats up to 80)</i> <input type="checkbox"/> <i>Surgery (Level 2)</i> <ul style="list-style-type: none"> <input type="checkbox"/> <i>Surgery 1</i> <input type="checkbox"/> <i>Surgery 2</i> <input type="checkbox"/> <i>Surgery 3</i> <input type="checkbox"/> <i>Surgery 4 (master surgery with HD cameras)</i> <input type="checkbox"/> <i>ALL Required</i>
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Administration Requirements		Please list any other information here
ADA NSW CPD Note Pads	<input type="checkbox"/>	
ADA NSW CPD Pens	<input type="checkbox"/>	
Bringing own material	<input type="checkbox"/>	(Please list any material you plan to bring or have delivered to CPD prior to your event e.g. handouts, bags for participants etc.) <i>Items can be received no earlier than 2 days prior to your event</i>
Audio Visual Requirements		Please list any other information here An additional cost may be incurred for AV equipment & services
Data Projector & Screen (Level 1)	<input type="checkbox"/>	
98" LCD Display (Level 2 - CTC)	<input type="checkbox"/>	
Laptop	<input type="checkbox"/>	
Lapel Microphone and PA	<input type="checkbox"/>	
Visualiser (Level 2 – CTC)	<input type="checkbox"/>	
Flip Chart (1 available)	<input type="checkbox"/>	
Whiteboard (1 available)	<input type="checkbox"/>	
Other	<input type="checkbox"/>	
	<input type="checkbox"/>	
Demonstrations		
Pre-recorded clinical demonstration (Filmed in master surgery prior to your event)	<input type="checkbox"/>	Please nominate preferred date for pre-recording:
Live Clinical Demonstration on the day	<input type="checkbox"/>	Please advise details:

Clinical Instruments and Materials		
Instrument	Quantity	Please list any other information here
Plastic Columbia 2010 Tooth Models – (Mountable in simulation head)		<input type="checkbox"/> Upper <input type="checkbox"/> Lower
Plastic Edentulous Models - (For mounting of extracted teeth which you provide) (mountable in simulation head)		<input type="checkbox"/> Upper <input type="checkbox"/> Lower
Pig Jaws (if requesting whole head, please specify if you prefer sagittal plane or transverse plane preparation)		<input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> Whole Head
Exam Pack (mirror, probe, perio probe, tweezers and Triplex tip)		
Restorative Pack (exam pack as above plus spoon excavator, ball burnisher, flat plastic, carver). – Curing Lights <i>Additional restorative and surgical Instruments are available upon request</i>		
X-ray imaging equipment (x-ray holders, phosphor plates and X-ray processor)		
Red Band (Intermediate Speed) Handpiece Blue Band (Slow Speed) Handpiece Straight Handpiece		
Additional Material/Specific Instruments to be supplied by hirer Please list all other materials to be used in the course practical sessions and patient treatment sessions. These MUST be supplied by the hirer		

- Please advise us of your catering requirements at least 2 weeks prior to your event.
- Final numbers need to be confirmed with us 5 days prior to your event.

Catering Request	Cost Per Person		Time Required/Comments
Full Day Packages			
Standard Package Arrival – Nespresso coffee, tea and biscuits Morning Tea – Selection of 2 sweet/savoury items Lunch – Selection of sandwiches, wraps and salads Afternoon Tea – Sweet Bakery Items <i>Nespresso coffee, tea and juices available during breaks</i>	\$75pp	<input type="checkbox"/>	
Deluxe Package Arrival – Nespresso coffee, tea and biscuits Morning Tea – Selection of 2 sweet/savoury items Lunch – 1 hot & 1 cold dish accompanied by a selection of salads and bread rolls Afternoon Tea – Sweet Bakery Items <i>Nespresso coffee, tea and juices available during breaks</i>	\$85pp	<input type="checkbox"/>	
Fruit Box Small – 30 – 40 pieces Large – 50 – 60 pieces	\$45 \$75	<input type="checkbox"/> <input type="checkbox"/>	
Evening Packages			
Evening Package 1 – Sample Menu – Tea, coffee, filtered water, juice, assorted sandwiches, rolls and wraps	\$30pp	<input type="checkbox"/>	
Evening Package 2 – Sample Menu Tea, coffee, filtered water, juice, selection of hot & cold canapés	\$40pp	<input type="checkbox"/>	
Alcoholic Beverages – per half hour	\$11pp	<input type="checkbox"/>	
Cheese Platter	\$7pp	<input type="checkbox"/>	
Fruit Platter	\$5pp	<input type="checkbox"/>	
SPECIAL DIETARY REQUIREMENTS Please list any special dietary requirements at least one week prior to your event.			
Custom Requirements			
<p><i>Should the above packages not meet your requirements, please detail your catering request below and we will contact you with a quote.</i></p>			