

**Event:**

Session Name:	
Location:	
Date(s):	

**Bill to:**

Name:	
Department:	
Address:	
Phone:	
Email:	

Or

Cost Centre:	
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**Cost Breakdown:**

## Internal / Affiliates

Facility – Setup/Event/Cleanup		x \$0/hr.	
Simulation Staff		x \$0/hr./person	
Medical Device Reprocessing Staff		x \$50.00/hr./person	
Wet Lab Disposables/Cleaning Fee		x \$50.00/station	
Cadaveric Specimen Delivery Fee		x \$150.00/1-2 cadavers	

## External / Industry

Facility – Setup/Event/Cleanup		x \$225.00/hr.	
Simulation Staff		x \$125.00/hr./person	
Medical Device Reprocessing Staff		x \$50.00/hr./person	
Wet Lab Disposables/Cleaning Fee		x \$50.00/station	
Cadaveric Specimen Delivery Fee		x \$350.00/1-2 cadavers	

## Other

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**Total:**


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Session Name: \_\_\_\_\_

### Cost Descriptions:

Facility – Setup/Event/Cleanup

Simulation Staff

Medical Device Reprocessing Staff

Wet Lab / Cadaveric Delivery

Other