

Vendor Representative Request

Visiting Vendor Questionnaire:

Today's Date: \_\_\_\_\_

Printed names of individual(s) completing this questionnaire:

\_\_\_\_\_

1) Name of Company: \_\_\_\_\_

2) Date and Time of Planned Visit: \_\_\_\_\_

3) Name of ASDA Chapter Primary Contact for this Visit:

\_\_\_\_\_

4) Purpose of Visit (respond to all applicable):

a. Faculty Contact: \_\_\_\_\_

b. Which Product(s): \_\_\_\_\_

c. Visit Location(s): \_\_\_\_\_

d. What samples, if any, do you plan to leave or distribute, and with whom? \_\_\_\_\_

\_\_\_\_\_

5) "Lunch & Learn" or Education Session with Student

a. Trainee Category (residents, postdocs, predoc students):

\_\_\_\_\_

b. Faculty Contact: \_\_\_\_\_

c. Educational Topic: \_\_\_\_\_

6) Other Information to Include for Documentation:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Vendor's Printed Name

\_\_\_\_\_  
Dean Authorization

\_\_\_\_\_  
Vendor's Signature

\_\_\_\_\_  
Date