



Sample Vendor Representative Agreement

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

Date