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RULES OF BEHAVIOR – VENDOR TRAINING

Upon registration to attend training provided by Starkey Laboratories, Inc. covered by contract number 36C79119D0037, VA National Hearing Aid and Wireless Accessories, I understand I am personally responsible for the following:

- Attending training sessions
- Not bringing spouse/partner, friends, etc., to training sessions or related activities, including vendor sponsored meals
- Scheduling and meeting travel dates and times
- Coordinating any changes with Vendor's Authorized Travel Agency, in a timely manner
- Not soliciting directly or indirectly any services or items that are not expressly defined by the training agreement NOTE: Do

not schedule your travel arrangements until you are sure you can meet the dates/times so excess costs are not incurred by the vendor. Cancellations and changes to travel plans incur extra expenses for the vendor and must be avoided.

I understand that the vendor is authorized to cover only the following:

- Travel mode (airfare, bus, or train)
- Transportation to and from airport/hotel, hotel/training site, and hotel/restaurant
- Accommodations (to include room costs and taxes only, no incidentals)
- Meals (excluding alcohol)
- Reasonable accommodation, if requested by government participants with disabilities

The above-mentioned expenses are paid by the vendor. Vendor cannot reimburse me for any expenses that I have paid from personal funds. I will not be reimbursed for any expenses by the vendor such as:

- Transportation to and from home/airport
- Home airport parking fees
- Baggage fees
- Car rentals
- Mileage/Gas

ACKNOWLEDGEMENT STATEMENT

I acknowledge that I have read the rules of behavior, I understand them, and I will comply with them. I understand that failure to comply with these rules could result in disciplinary action by my medical center or facility, and/or not being allowed to attend vendor sponsored VA National Hearing Aid and Wireless Accessories contract training.

Name of Participant [print]: _____ Phone Number: _____

Government Employee Category [circle one]:

Audiologist, 4th Year Au.D , Au.D Student, Health Technician (Tech Trainings Only)

Other, specify _____ DLC Representative, specify _____

Clinic: _____

Clinic Address: _____

Name of Supervisor [print]: _____ Phone Number: _____

Supervisor's Signature: _____

Participant's Signature: _____ Date: _____

Starkey National Training Location: _____

Please fax to (952) 828-6974, Attn: Samantha Patterson Or
email to samantha_patterson@starkey.com