



Allegheny
Health Network

Center for Surgical Arts Facility Rental Questionnaire

Sponsor Information			
Company Name			
Contact Name			
Address			
Email Address		Phone Number	

Course/Lab Information			
Date of Course/Lab		Alternate Date	
Name of Course		Number of Attendees	
Description of Procedure		Start/End Time	
Number of Stations		Anatomical Description	
Imaging Requirements		Specimens Y/N	

Conference Center Services			
Meeting Space Requirements (conference Room/Auditorium)		A/V Equipment Requests	
In-House Catering Y/N		Outside Catering Y/N	

Additional Information	
Special Requests Questions	

Please email completed form to:

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