

ReSound National Seminar – San Francisco, CA (September 11 - 13, 2019)

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ATTACHMENT D-11 RULES OF BEHAVIOR – VENDOR TRAINING

Upon registration to attend training provided by **ReSound** covered by contract number **VA791-14-D-0014** Hearing Aids and Wireless Systems, 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: Please 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

ACKNOWLEDGMENT 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 Government Wireless Communication Systems for Hearing Impaired Veterans Aid contract training.

Name of Participant (print): _____ Phone Number: _____

Government Employee Category (circle one):

Audiologist Healthcare Technician Stipend Au.D. Student Stipend 4th year Au.D.

Other, specify _____ DALC Representative, specify _____

Agency: _____

Agency Address: _____

Name of Supervisor (print): _____ Phone Number: _____

Supervisor's Signature: _____

Participant's Signature

Date