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[www.starkeypro.com/government](http://www.starkeypro.com/government)

#### RULES OF BEHAVIOR – VENDOR TRAINING

Upon registration to attend training provided by Starkey Laboratories, Inc. covered by contract number 36C79125D0008, 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, 4<sup>th</sup> 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: Amanda Wabbe Or email to

[amanda\\_wabbe@starkey.com](mailto:amanda_wabbe@starkey.com)