

RULES OF BEHAVIOR

Upon registration to attend training provided by Oticon, Inc covered by contract number VA-36C79119D0034, Digital Hearing Aids, 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
- Reasonable accommodation, if requested by government participants with disabilities

The above-mentioned expenses are paid by the vendor.

I understand the 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, or not being allowed to attend vendor sponsored Government Digital Hearing Aid contract training.

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

Agency: _____

Agency Address: _____

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

Supervisor's Signature: _____

Participant's Signature

Date