



# Southern Region EMS Council Anchorage, Alaska

Mission: Improve the quality, availability and sustainability of emergency patient care

## RENTAL REQUEST for TRAINING EQUIPMENT and/or CLASSROOM

DATE: \_\_\_\_\_

\_\_\_\_\_  
NAME or ORGANIZATION of RENTER(S)

\_\_\_\_\_  
NAME of REQUESTOR

\_\_\_\_\_  
NAME of PRIMARY CONTACT FOR RENTAL/CLASSROOM USE

RENTERS ADDRESS:

\_\_\_\_\_  
\_\_\_\_\_

PHONE #: \_\_\_\_\_

EMAIL: \_\_\_\_\_

TRAINING DATE: \_\_\_\_\_

TRAINING LOCATION:

\_\_\_\_\_  
\_\_\_\_\_

NUMBER OF STUDENTS: \_\_\_\_\_

Complete the above information along with the Equipment Rentals forms and/or the Classroom Room Rental Reservation form and email all forms back to [Rentals@sremsc.org](mailto:Rentals@sremsc.org).

Once your form has been received, and availability confirmed, you will be sent an Agreement for Training Equipment and/or Classroom to DocuSign.

Payment is required **BEFORE** or at time of **PICK-UP** of the Training Equipment and/or Classroom Occupancy. **(CREDIT CARD ONLY).**

PICK-UP and/or OCCUPANCY DATE: \_\_\_\_\_

PICK-UP and/or OCCUPANCY TIME: \_\_\_\_\_

RETURN DATE: \_\_\_\_\_

## EQUIPMENT RENTALS

| ITEM  | DAILY RATE | WEEKLY RATE<br>(7 Days) | WEEKEND RATE<br>(Friday-Monday) | QUANTITY NEEDED |
|---|------------|-------------------------|---------------------------------|-----------------|
| <b>AIRWAY</b>                                     |            |                         |                                 |                 |
| Advanced Airway Kit                               | \$10       | \$35                    | \$25                            |                 |
| <b>I.V.</b>                                       |            |                         |                                 |                 |
| IV Practice Arm - Adult                           | \$12.00    | \$40.00                 | \$30.00                         |                 |
| <b>MANIKINS</b>                                   |            |                         |                                 |                 |
| Single Adult                                      | \$7.50     | \$25.00                 | \$18.00                         |                 |
| 4 Pack Adult                                      | \$15.00    | \$50.00                 | \$35.00                         |                 |
| Single Infant                                     | \$6.00     | \$20.00                 | \$15.00                         |                 |
| 4 Pack Infant                                     | \$12.00    | \$40.00                 | \$30.00                         |                 |
| Kyle CPR (Child)                                  | \$8.00     | \$30.00                 | \$20.00                         |                 |
| OB  | \$25.00    | \$100.00                | \$60.00                         |                 |
| Airway Head - Child                               | \$15.00    | \$50.00                 | \$35.00                         |                 |
| Airway Head - Peds                                | \$15.00    | \$50.00                 | \$35.00                         |                 |
| Advanced Airway Intubation-Adult                  | \$15.00    | \$50.00                 | \$35.00                         |                 |
| <b>MONITORS</b>                                   |            |                         |                                 |                 |
| AED Trainer - Prestan                             | \$5.00     | \$25.00                 | \$12.00                         |                 |
| <b>SPECIALITY</b>                                 |            |                         |                                 |                 |
| ALS Med Kit                                       | N/A        | \$70.00                 | N/A                             |                 |
| First Aid Training Kit                            | N/A        | \$20.00                 | N/A                             |                 |
| Kendric Extrication Splint                        | \$2.00     | \$25.00                 | \$12.00                         |                 |
| Sager Traction Splint                             | \$2.00     | \$25.00                 | \$12.00                         |                 |
| Backboard - Adult                                 | \$5.00     | \$25.00                 | \$12.00                         |                 |
| <b>DVDs</b>                                       |            |                         |                                 |                 |
| HeartSaver First Aid/CPR/AED DVD Set with Renewal | \$5.00     | \$25.00                 | \$12.00                         |                 |
| ACLS DVD Set with Renewal                         | \$5.00     | \$25.00                 | \$12.00                         |                 |
| BLS DVD Set with Renewal                          | \$5.00     | \$25.00                 | \$12.00                         |                 |
| PALS DVD Set with Renewal                         | \$5.00     | \$25.00                 | \$12.00                         |                 |
| PEARS DVD Set with Renewal                        | \$5.00     | \$25.00                 | \$12.00                         |                 |

**CLASSROOM ROOM RENTAL RESERVATION**

|  |          |                          |
|--|----------|--------------------------|
| Large Classroom, Full Day<br>(Capacity 20 Students. Lg Monitors) | \$100.00 | <input type="checkbox"/> |
| Large Classroom, Half Day<br>(Capacity 20 Students. Lg Monitors) | \$ 60.00 | <input type="checkbox"/> |
| Small Classroom, Full Day<br>(Capacity 12 Students. Projector)   | \$ 60.00 | <input type="checkbox"/> |
| Small Classroom, Half Day<br>(Capacity 12 Students. Projector)   | \$ 35.00 | <input type="checkbox"/> |
| Coffee/Tea Set-Up  | \$ 25.00 | <input type="checkbox"/> |

**Note:** TVs/ projector, computer and internet access are included in rental cost.  
Full day is defined as more than 4 hours; half day is defined as 4 hours or less

**SET-UP**

Dates/Time of Use: \_\_\_\_\_

Number of People Expected: \_\_\_\_\_

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**FOR SOUTHERN REGION EMS COUNCIL USE ONLY**

**NOTES:** \_\_\_\_\_  
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\_\_\_\_\_  
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