

GDC Electronic Meeting Contract

Meeting Name: _____ Date: _____

Time: _____ Location: _____ # in Group: _____

Participants experience using the system: 1st time Mixed Experienced

Planning Meeting Date: _____ Time: _____

Meeting Contact(s): _____

Phone #: _____ Email: _____

Report Recipient: _____ Format: _____ Need by: _____

Group Type: NDSU Teaching, Research, and Administration

Estimated Cost of Services: Page 2

Billing Contact: _____

Phone #: _____ Email: _____

Billing Address: _____

Advisor Name: _____

Phone #: _____ Email: _____

Advisor Signature: _____ Date: _____

IRB Statement: I understand the NDSU IRB policy and will take any necessary action.

<http://www.ndsu.nodak.edu/research/compliance/irb/index.shtml> Yes No

Can we report that your organization has used the GDC? Yes No

1. What is the purpose/focus of your meeting?

2. What is the desired outcome of your meeting?

3. Will you like to use polling/voting/prioritizing on any topics?

4. What topics will be discussed?

5. Are there any special needs or security concerns for the meeting?

Signature: _____ Date: _____

GDC Facilitator Signature: _____

Cost

	<u>User Cost</u>	<u>GDC Subsidy</u>	<u>Total Cost</u>
Planning	\$0		\$0
Moderator/Facilitator	\$50/hr	\$50/hr	\$0
GDC Base Fee	\$450/hr	\$450/hr	\$0
General Report:	\$0		\$0
Specialized Reports	\$25/hr		\$25/hr
Use of 22 computers	\$0		\$0
Additional Computers (when available)	\$10/unit	\$10/unit	\$0
Setup Fee (outside of GDC)	\$200		\$200
Travel	Actual Cost		Actual Cost