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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of Event: | | | | | | Verified By: | | |
| Event Sponsor or Venue: | | | | | | On Date: | | |
| Date(s) of Event: | | | | | |  | | |
|  | | | | | |  | | |
| *Participant completes this section* | | | | | | *Philips Respironics completes this section* | | |
| Date | Print Participant Name | | Time In | Time Out | Participant Signature | Total Time | Compensation per Hour | Total Compensation |
|  |  | |  |  |  |  |  |  |
| For use in documenting time spent at events that are compensated by Philips Respironics.  By completing Participant section above, Participant acknowledges participation in and payment for time spent in the event as described above.  By completing Philips Respironics section above, Philips Respironics validates individual's participation as recorded, and compensation  was paid as described above. | | | | | | | | |
| *Internal Use Only* | |