



REQUEST FOR EDUCATIONAL GRANT - PART A (EXTERNAL)

Zimmer may provide funding of Educational Grants to independent, educational, scientific, or policymaking conferences to Approved Institutions/Organizations or Accredited Providers/Programs in order to support the general medical training of Healthcare Professionals in order to promote scientific knowledge, medical advancement and the delivery of effective health care. No payment will be made to an individual or Healthcare Professional.

Zimmer follows ACCME guidelines whereby the written agreement must be with the CME provider. The agreement must include the provider, even if the support is given directly to the provider’s educational partner or a joint sponsor. If funding request is for a CME event, information is required on the CME provider as well as any educational partner if designated as payee.

Educational Grants may not be based on, or related to, past, present, or future volume of business generated for Zimmer by the proposed recipient. Any evidence that suggests that the request for an Educational Grant is tied, in any way, to past, present, or future volume of business will cause the request to be rejected and the request may not be resubmitted.

You will need the following information to complete this application:

Required attachments are marked with an (*) asterisk.

If CME provider designates educational partner as payee, information is required for both legal entities.

- * 1. Organization information - Mission Statement and Board of Directors listing
- * 2. Current IRS form W9 for Grant Recipient (US) or Equivalent (non-US)
- * 3. Documentation verifying Accreditation (certificate with expiration date), if applicable.
If educational partner is payee of funding for CME event, provide documentation from CME provider designating educational partner (e.g. joint sponsorship letter and/or letter from CME provider indicating payee).
- * 4. Program/Event Brochure with Agenda
- * 5. Detailed Budget (include anticipated revenue and expenses)
- * 6. List of other potential funding sources
- 7. Disclosure information related to any HCP owned or controlled organization or any other known conflict of interest issues must be disclosed.

Please allow up to 60 days for review.

PART 1: RECIPIENT INFORMATION		
Zimmer does not fund capital projects.		
Grant Recipient (Legal Name as indicated on attached W9) <i>CME Provider, if applicable:</i>	Tax Identification Number:	
Payee (Legal Name as indicated on attached W9) (if different from Recipient above)	Tax Identification Number:	
Contact Person Name/Title:		
Address of Grant Recipient:		
Contact Person Information	Phone:	Fax:
	E-Mail:	

PART 2: PROGRAM / EVENT DETAILS			
Title of Program/Event:			
CME Event:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Anticipated # of Attendees:	
Program/Event Description:			
Program/Event Start and End Dates:			
Amount of Funding Requested:	\$	Total Program / Event Budget:	\$
Purpose of Funding (what does grant cover):			
PART 3: DISCLOSURE INFORMATION			
Is your organization owned or controlled by a Healthcare Professional?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If Yes, please indicate the name of the Healthcare Professional			
Disclose Any other known conflict of interest issues here:			

Return Completed Form and Attachments to:

Zimmer, Inc.
 Attn: Grants Office/Tabatha McDonald
 PO Box 708
 1800 West Center Street
 Warsaw, IN 46580
 Email: tabatha.mcdonald@zimmer.com

Zimmer Spine
 Attn: Grants Office/Angel Skemp
 5301 Riata Park Ct.
 Bldg F
 Austin, TX 78727
 Email: angel.skemp@zimmer.com

The undersigned affirms to the best of his/her knowledge and belief and after reasonable inquiry that the foregoing information is true and accurate and that this grant is not offered to induce use of, purchase of, or recommendation of Zimmer products by a Healthcare Professional. The undersigned also affirms that he/she is authorized to sign on behalf of the Recipient/Payee indicated above.

The undersigned further affirms that any meals and refreshments provided as part of this event will be modest in value, subordinate in time and focus to the purpose of the conference, and clearly separate from the educational portion of the program. In addition, any faculty honoraria, travel, lodging and meal expenses covered by the funds from this grant will be reasonable in value. Further, the venue will be appropriate to the subject matter and conducted in a setting conducive to the exchange of information.

 Signature of Requestor

 Date

 Printed Name of Requestor

 Title of Requestor