



EDUCATIONAL SITE VISIT REQUEST FORM

Return to:

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 CAS: catherine.levaille@zimmercas.com, (fax) 514-878-3801 – Montreal Quebec Canada
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 OSP: andrew.gankoski@zimmer.com (fax) - Dover, Ohio
 Spine: monica.richardson@zimmer.com (fax) 512-519-7588 – Minneapolis, MN
 TMT: carole.steneken@zimmer.com, (fax) 973-884-6082 – Parsippany, New Jersey

Requests must be received at a minimum of three weeks in advance to guarantee a site visit

REQUESTOR INFORMATION				Date
Requestor Name, Title, Phone Number:				
Distributor Name and Signature:				
Area/Regional Vice President Name:				
Date and Time of Tour (1st Choice):				
Date and Time of Tour (2nd Choice):				
GUEST PROFILE <i>Complete a profile for each guest</i>				
(1) Full Name & Title:	(First)	(M.I.)	(Last)	(Title)
Hospital Affiliation:				
Mailing Address:	(Street Address)	(City)		(State)
Phone/Email:				
Has the guest previously visited the same Zimmer facility within any one-year period? <input type="checkbox"/> YES <input type="checkbox"/> NO				
Is the guest licensed to practice in Massachusetts? <input type="checkbox"/> YES <input type="checkbox"/> NO Vermont? <input type="checkbox"/> YES <input type="checkbox"/> NO				
Medical License #				
GUEST PROFILE <i>Complete a profile for each guest</i>				
(2) Full Name & Title:	(First)	(M.I.)	(Last)	(Title)
Hospital Affiliation:				
Mailing Address:	(Street Address)	(City)		(State)
Phone/Email:				
Has the guest previously visited the same Zimmer facility within any one-year period? <input type="checkbox"/> YES <input type="checkbox"/> NO				
Is the guest licensed to practice in Massachusetts? <input type="checkbox"/> YES <input type="checkbox"/> NO Vermont? <input type="checkbox"/> YES <input type="checkbox"/> NO				
Medical License #				

GUEST PROFILE *Complete a profile for each guest*

(3) Full Name & Title:	(First)	(M.I.)	(Last)	(Title)
Hospital Affiliation:				
Mailing Address:	(Street Address)	(City)	(State)	
Phone/Email:				
Has the guest previously visited the same Zimmer facility within any one-year period?				<input type="checkbox"/> YES <input type="checkbox"/> NO
Is the guest licensed to practice in Massachusetts?				<input type="checkbox"/> YES <input type="checkbox"/> NO
Vermont?				<input type="checkbox"/> YES <input type="checkbox"/> NO
Medical License #				

GUEST PROFILE *Complete a profile for each guest*

(4) Full Name & Title:	(First)	(M.I.)	(Last)	(Title)
Hospital Affiliation:				
Mailing Address:	(Street Address)	(City)	(State)	
Phone/Email:				
Has the guest previously visited the same Zimmer facility within any one-year period?				<input type="checkbox"/> YES <input type="checkbox"/> NO
Is the guest licensed to practice in Massachusetts?				<input type="checkbox"/> YES <input type="checkbox"/> NO
Vermont?				<input type="checkbox"/> YES <input type="checkbox"/> NO
Medical License #				

GUEST PROFILE *Complete a profile for each guest*

(5) Full Name & Title:	(First)	(M.I.)	(Last)	(Title)
Hospital Affiliation:				
Mailing Address:	(Street Address)	(City)	(State)	
Phone/Email:				
Has the guest previously visited the same Zimmer facility within any one-year period?				<input type="checkbox"/> YES <input type="checkbox"/> NO
Is the guest licensed to practice in Massachusetts?				<input type="checkbox"/> YES <input type="checkbox"/> NO
Vermont?				<input type="checkbox"/> YES <input type="checkbox"/> NO
Medical License #				

GUEST PROFILE *Complete a profile for each guest*

(6) Full Name & Title:	(First)	(M.I.)	(Last)	(Title)
Hospital Affiliation:				
Mailing Address:	(Street Address)	(City)	(State)	
Phone/Email:				
Has the guest previously visited the same Zimmer facility within any one-year period?				<input type="checkbox"/> YES <input type="checkbox"/> NO
Is the guest licensed to practice in Massachusetts?				<input type="checkbox"/> YES <input type="checkbox"/> NO
Vermont?				<input type="checkbox"/> YES <input type="checkbox"/> NO
Medical License #				

EDUCATIONAL SITE VISIT COMPONENTS

Warsaw Recon/Trauma:

<input type="checkbox"/> Manufacturing Tour – 1 Hour	<input type="checkbox"/> Distribution Tour – 1 Hour
<input type="checkbox"/> Research Laboratory Tour – ½ Hour	<input type="checkbox"/> The Zimmer Institute Tour – 1 Hour
<input type="checkbox"/> Trauma Tour – 1 Hour	

	Products to be covered:		
<input type="checkbox"/>	Hip	<input type="checkbox"/>	Extremities
<input type="checkbox"/>	Knee	<input type="checkbox"/>	Trauma

TMT:

<input type="checkbox"/> Plant Tour – 1 Hour	<input type="checkbox"/> The Zimmer Institute Tour – 1 Hour
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	Products to be covered:		
<input type="checkbox"/>	Hip	<input type="checkbox"/>	Extremities
<input type="checkbox"/>	Knee	<input type="checkbox"/>	Trauma

OSP:

<input type="checkbox"/> Plant Tour – 1 Hour
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	Products to be covered:		
<input type="checkbox"/>	Fill in blanks	<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	

CAS:

<input type="checkbox"/> Plant Tour – 1 Hour
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	Products to be covered:		
<input type="checkbox"/>	Fill in blanks	<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	

Biologics:

<input type="checkbox"/> Plant Tour – 1 Hour
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	Products to be covered:		
<input type="checkbox"/>	Fill in blanks	<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	

Spine:

Products to be covered:

	Current system(s) used	Areas to focus on
TM		
FUSION		
BIOLOGICS		
MIS		
DYN STAB		
MOTION PRESERV		
DEGEN		
DEFORMITY		
CERVICAL		
INTERBODY		
TRAUMA		
OTHER		

Customer Overview
Please complete for each surgeon guest

What is the guest's current relationship and possible history with Zimmer?

Does he or she have relationships with other orthopaedic/spine companies?

What is the guest's specialty?

<input type="checkbox"/> Hip	<input type="checkbox"/> Extremities	<input type="checkbox"/> Spine	<input type="checkbox"/>
<input type="checkbox"/> Knee	<input type="checkbox"/> Trauma	<input type="checkbox"/>	<input type="checkbox"/>

What is the specific product(s) the guest is interested in learning about while at Zimmer?

How much experience – if any – does the guest have using this product(s)?

<input type="checkbox"/> Never used	<input type="checkbox"/> Begin using again	<input type="checkbox"/> Regular user
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What is the educational goal of the visit?

<input type="checkbox"/> Product Innovation	<input type="checkbox"/> New Technology	<input type="checkbox"/> Overcome a negative experience	<input type="checkbox"/> Training
<input type="checkbox"/> Product Quality	<input type="checkbox"/> Manufacturing Capabilities	<input type="checkbox"/> Surgical Technique	<input type="checkbox"/>

Where did the surgeon hear about the product(s)?

MEET WITH ZIMMER PERSONNEL

Request for a meeting with additional Zimmer personnel:

TRAVEL

<input type="checkbox"/>	COMMERCIAL FLIGHT
<input type="checkbox"/>	CORPORATE AIRCRAFT
<input type="checkbox"/>	DRIVING – What is the guest's arrival day/time?

Will Zimmer need to make hotel reservations for the guest(s)? YES NO

Will Zimmer need to make commercial flight arrangements for the guest(s)? YES NO

Will Zimmer need to make any additional travel arrangements? YES NO

If yes, please describe _____

MEALS

Food Preferences	Dietary Restrictions

TOUR GUIDELINES

To provide a safe environment for our visitors and maintain security, please adhere to the following:

- All visitors must be accompanied by a Zimmer representative, and safety reasons, groups are limited to 10 guests
- No cameras are allowed in any of the Zimmer facilities
- Cell phones will be requested to be turned off during the manufacturing tour
- Some areas are restricted to authorized personnel only

REQUESTOR'S AFFIRMATION

The undersigned represents that this request is in compliance with ZP 72.101 (Policy on Good Promotional Practices) and SOP 73.200 (Educational Site Visits). The undersigned affirms to the best of his/her knowledge and belief and after reasonable inquiry that the foregoing information is true and accurate. This educational site visit is requested on behalf of an individual for whom Zimmer has a *bona fide* business purpose of demonstrating product innovation, product quality, manufacturing facilities, development processes, and the safe and effective use of Zimmer products. The site visit is not requested to unduly influence the decision of whether a particular HCP will purchase Zimmer products. I understand that I may be disciplined, up to and including termination of my employment, for making a false affirmation.

Signature of Requestor

Date

Printed Name of Requestor

VICE PRESIDENT AFFIRMATION

The undersigned represents that this request is in compliance with ZP 72.101 (Policy on Good Promotional Practices) and SOP 73.200 (Educational Site Visits). The undersigned affirms to the best of his/her knowledge and belief and after reasonable inquiry that the foregoing information is true and accurate. This educational site visit is requested on behalf of an individual for whom Zimmer has a *bona fide* business purpose of demonstrating product innovation, product quality, manufacturing facilities, development processes, and the safe and effective use of Zimmer products. The site visit is not requested to unduly influence the decision of whether a particular HCP will purchase Zimmer products. I understand that I may be disciplined, up to and including termination of my employment, for making a false affirmation.

Signature of Vice President

Date

Printed Name of Vice President

SITE VISIT COORDINATOR AFFIRMATION

The undersigned represents that this request is in compliance with ZP 72.101 (Policy on Good Promotional Practices) and SOP 73.200 (Educational Site Visits). The undersigned also affirms that all tracking and documentation of any related in-kind remuneration (i.e., meals and travel) has been tracked and/or reported in accordance with SOP 73.106 (Reporting & Tracking on In-Kind Remuneration to HCPs).

Signature of Site Visit Coordinator

Date

Printed Name of Site Visit Coordinator