Institution Name: {{institution\_name}}  
GME ID: {{gme\_id}}

Department Name: Update-with-Department-Name

Application Season: 2025-2026

Estimated Application Season Start Date: Insert Date

Estimated Application Season End Date: Insert Date

| **ERAS PROGRAMS** | | | | | |
| --- | --- | --- | --- | --- | --- |
| **Count** | **ACGME ID** | **Specialty** | **Thalamus ID** | **Video Price** | **Total Price** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **TOTAL** | | | | |  |

| **NON-ERAS PROGRAMS** | | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| **Count** | **ACGME ID** | **Specialty** | **Thalamus ID** | **Core Price** | **Video Price** | **Total Price** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **TOTAL** | | | | | |  |

| **Total Number # of Programs: [X]**  **ERAS Programs: [X]**  **Non-ERAS Programs: [X]** | **Final Cost** | **Notes** |
| --- | --- | --- |
| ERAS Programs: Thalamus Video | $[X] |  |
| Non-ERAS Programs: Thalamus Core & Itinerary Wizard & Thalamus Video | $[X] |  |
| **PACKAGE TOTAL** | **$[X]** | **YOUR TOTAL PRICE** |

| **Terms & Conditions** |
| --- |
| This Quote defines the scope of services to be performed and the products to be provided by SJ MedConnect, Inc. dba Thalamus (“Thalamus”) for the customer identified below (“Client”). Except as expressly provided below, this Quote should be considered a Statement of Work (SOW) subject to the Master Services Agreement available at https://thalamusgme.com/msa (the “Agreement”). Any capitalized terms not defined herein shall have the meaning ascribed to such terms in the Agreement.   1. **Term.** This SOW shall commence on the date that this SOW is fully executed (the “Effective Date”), and will remain in effect through the entirety of the “Application Season.” Furthermore, this SOW shall automatically renew each following Application Season upon the same terms if neither party provides the other with a written notice of (i) non-renewal or (ii) proposed changes in scope and/or pricing for the Services or Products at least 30 days prior to the end of the then-current Term. 2. **Scope of Services and Products.** Thalamus will provide the Services and Products set forth in the table above. 3. **Fees.** Thalamus will charge Fees as set forth alongside the corresponding Service or Product in the table above.   The parties have entered into this SOW, which is effective as of the date set forth herein and is executed by their duly authorized representatives.  **AGREED AND ACCEPTED:**    {{institution\_name}} **SJ MedConnect, Inc. dba Thalamus**   |  |  |  | | --- | --- | --- | | Signature |  | Signature | | Printed Name |  | Printed Name | | Title |  | Title | | Date |  | Date | |