



# Pernix Event Sign-in Sheet

## Instructions:

- 1: **Complete Section A.** Use Section B to capture the attendees at the event. You are permitted to pre-populate Section B (other than the signature column), if possible.
- 2: **Section B must be completed in full for HCPs only. For non-HCPs (i.e., office staff), you only need to record their first and last name in Section B. All HCPs and non-HCPs must sign to document s/he was in attendance.**
- 3: **You must include a copy of your completed Sign-in Sheet with the receipts when you submit those receipts in Concur.** Please be careful to ensure that all persons entered into Concur match the information on the corresponding completed Sign-in Sheet.

### Definition of a Health Care Professional (HCP)

A **"Health Care Professional"** is defined as any individual who can prescribe, order or purchase or who can influence the prescribing, ordering or purchasing, of any pharmaceutical or medical product, including a Pernix product.

**Examples include a Medical Doctors (including residents and interns), Doctors of Osteopathy, Dentists, Podiatrists, Homeopathic Professionals, Dieticians, Optometrists, Chiropractors, Advanced Practice Nurses, Nurse Practitioners and Physician Assistants.**

### Definition of Office Staff

**"Office Staff"** is defined as any individual who does not meet the definition of a Health Care Professional, but who works with or is employed by a Health Care Professional and is involved in the treatment of a patient.

### Note these Important Restrictions

- 1: **Vermont** – If an attendee at one of your events is licensed in Vermont, you are prohibited from providing that attendee with a meal or snack during the event, even if the event is located outside of the State of Vermont. **Note: Refreshments and snacks provided at a conference booth are permissible.**
- 2: **Massachusetts** – If an attendee at one of your events is licensed in Massachusetts you are prohibited from providing that attendee with a meal or snack during a speaker program event *if the event is located outside of the State of Massachusetts*. **Note: Refreshments and snacks provided at a conference booth are permissible.**
- 3: **Minnesota** – The cumulative annual value of any meals or allowable items provided to an HCP that is licensed in Minnesota may not exceed \$50 in any calendar year. Accordingly, if an attendee at one of your events is licensed in Minnesota, it is your responsibility to keep a strict account of the value of any meals and allowable items you have provided to licensed Minnesota HCPs in order to ensure that the cumulative value of those meals and allowable items does not exceed the \$50 annual limit.



## Section A: Health Care Professionals and Office Staff Meeting Information

The Pernix employee who attends a business meeting with a Health Care Professional and/or Office Staff and submits expenses in Concur for such meeting should complete the information below and should include themselves as an attendee at the business meeting.

**Venue/Practice Name:** Arthur's Prime Steaks and Seafood

**Street Address:** 15175 Quorum Drive,

**City:** Addison

**State:** TX

**Zip:** 75001

**Business Purpose for the Meeting:**

**Products Discussed:**

**Total Number of Attendees** (Include all Health Care Professionals, Office Staff and all Pernix Employees):

## Section B: Notice to All Attendees:

Please be advised that Pernix is required by Federal and certain State laws (depending on your state of licensure) to record, and may be required to report, the value of any meals or items provided to you in connection with this event. In fulfilling this legal obligation, **if you are a "Health Care Provider"** Pernix is required to record and report information about payments and other transfers of value you receive from Pernix.

**If you are not a Health Care Professional but are part of the "Office Staff"** Pernix is required to record your participation in this event in order to accurately calculate the per person cost of the event; however, if you are not an HCP, your participations in the event is not required to be reported.

## Option: Opting Out of Meal and Refreshments

You may choose not to participate in the meal or refreshments provided by Pernix at this event. If you wish to "opt out" of receiving a meal and/or refreshments, please check the Opt-Out column below. If you do not check the Opt-Out column, you will be recorded as having received the meal and refreshments.

# Pernix Event Sign-in Sheet

First Name	Last Name	NPI	HCP Prof Designation (MD, DO, PA)	State of Licensure	Meal Opt Out	Attendee Signature
Kevin	Booth	1558387696	MD	OK	<input type="checkbox"/>	
Howard	Cohen	1962516112	MD	TX	<input type="checkbox"/>	
Tony	Grist				<input type="checkbox"/>	
Casey	Hanooh				<input type="checkbox"/>	
James	Harry		Ph	TX	<input type="checkbox"/>	
Kashif	Irfan	1851351977	MD	TX	<input type="checkbox"/>	
Kashif	Irfan	1851351977	MD	TX	<input type="checkbox"/>	
CHARLES	LOEHR	1386679702	MD	TX	<input type="checkbox"/>	

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