BIOMET

APPROVAL FORM FOR SEMINARS/CONGRESSES, PRODUCT TRAINING AND SCIENTIFIC EVENTS ORGANISED BY A THIRD PARTY

- ✓ This form is only intended for use by Biomet Europe and Biomet International when supporting third party meetings. Please review GOP-003 for specific requirements for support of third party meetings.
- ✓ NOTE: Direct support of US HCP's - as Active participant or Passive participant - is prohibited; Direct support of ex-US HCP's - as Active participant (i.e. Speaker) - at US Third Party Meeting is allowed after consultation with U.S. Legal and U.S. Compliance
- ✓ Please use one form for a single event. This form may be used for multiple activities conducted at the same event.
- ✓ Please submit the form to the compliance department at least 45 days prior to the event.

Name of the event	AE - Kurs/Masterkurs Knie in Ofterschwang, Germany
Date of Event	07.-09. November 2013
Submission date of this form	29.07.2013

1. CONTACT DETAILS

Name Biomet sponsor	Heike Pohland
Biomet organization ***(SBU/ country)***	Europe/Germany
Phone / e-mail	heike.pohland@biomet.com

2. GENERAL INFORMATION ON THE EVENT

Name of the third party organizer	Arbeitsgemeinschaft Endoprothetik Dienstleistungsgesellschaft mbH (AE, working accociation for endoprothetics)
Agenda / program / website of the event *attach a copy of the agenda/program	http://www.ae-gmbh.com/eventeinzelheiten/33/-/ae-kurs-und-ae-masterkurs-knie-ofterschwang-07-09-11-2013, program attached
Name and location of the venue of the event (Site / City / Country)	Ofterschwanger Haus , Panoramaweg 11a, 87527 Ofterschwang, Tel: 08321/724730
Can the venue easily be reached by public transport?	By all means of public transport
What portion of the time spent by the attendees is devoted to a scientific/ educational/product training program?	at least 80 %; Thursday: 8:45 am - 19:00 pm / Friday: 7:30 am - 19:00 pm, Saturday 7:30 am - 13:00 pm
Does the event include any entertainment or leisure activities? Please describe	There is an evening dinner planned on Thursday and Friday evening. However, we will not cover any costs for this. We do not pay for any registration fees.
Reason for Biomet support of this event.	It is part of our obligation to provide effective training to surgeons. These courses organized by the working asscociation for endoprothetics (AE) give theoretical guidance and practical support in diagnosis, treatment and latest techniques of Knee replacement and therefore also serve as an important contribution to patient safety.

3. BOOTH SPACE/EDUCATIONAL GRANTS

Is Biomet Supporting a Booth at the Event?	Not yet decided.
Is Biomet Providing an Educational Grant to the Organizers of this event as Support for this Event? If yes, please confirm that an educational grant request has been submitted to the grants and donations committee	No.
Will Biomet have a satellite symposium at the event? If yes please describe.	No.

- ✓ Please note, if the only support being provided is the purchase of booth space, no further action by the compliance group is required as this is a marketing expense.
- ✓ Educational grants must be approved by the Grants and Donations Committee. Please ensure all paperwork is submitted proper to the event to allow for review.
- ✓ If conducting a satellite symposium, please submit a Needs Assessment Document and HCP Nomination to the Training and Education Committee for Review.

4. SUPPORT OF HCP PARTICIPATION AT A THIRD PARTY EVENT

- ✓ Biomet may support the active or passive participation of HCPs at a third party event provided such support if consistent with Biomet's procedures and applicable laws and regulations.
- ✓ If supporting an HCP please complete the following sections.
- ✓ Please note support of US HCPs attendance at third party events is prohibited.
- ✓ Active participation is defined as speaking or presenting at a third party event. Passive participation is attendance only at the event.

ACTIVE PARTICIPATION

Is Biomet supporting an active participant at this event? If yes, describe the proposed participation.	Yes, 1 active participant will be supported in the main program. The participant will have 2 lectures, one on Thursday and one on Friday. He will speak about "Mobile and fixed bearing; posterior stabilization" (07.11.2013) and about "Monocondylar replacement at the knee" (08.11.2013)
Will the Participant be speaking/presenting at a satellite symposium organized by Biomet? Provide details of the Symposium.	No.
Name of Active Participant and Country of Residence.	Professor Peter Aldinger, Germany
Approved NAD reference (NAD Number,Title, Date of Committee Approval); please, insert the data if NAD has been already approved; if not, please indicate if the NAD is under submission.	NAD: GE.ORTHO.TPM.001.14.v1 approved on April 16, 2013
Approved HCPN(s) (date of Review Committee Approval)	HCPN is under preparation and will be submitted to the Committee soon

- ✓ Please note that for active participation an approved NAD (Needs Assessment Document) and approved HCP Nomination(s) must be in place before the event takes place.

PASSIVE PARTICIPATION

Number of Passive Participants	None
Name of the passive participant(s) and countries of origin	n.a.
Biomet criteria for qualification of the HCP(s)	n.a.

- ✓ By submitting this form to the EU Compliance Department, the sponsor certifies:
  - that the requirements of the GOP-003 and Biomet Third Party Meetings Guidelines are or will be met; and
  - that the support is consistent with the applicable local laws and regulations also in case in international events.
- ✓ Upon approval, the sponsor is responsible for identifing and solving any Potential conflict of interest situation of the HCP (i.e. HCP is not involved in any Tender process on going; moreover the sponsor is responsible forany notification to the HCP's employer (if applicable) and for the timely closing of a letter agreement with the HCP's.
- ✓ Please make sure that you keep your paper or digital files in accordance with the GOP-003 and Biomet Third Party Meetings Guidelines.

The completed form (including attachments, e.g. the agenda/program of the meeting) should be submitted to the European compliance department Email Address: Eu.Compliance@Biomet.Com

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(To be filled in by the Biomet Compliance Department)

☐ APPROVED

☐ APPROVED UNDER CONDITIONS	(please indicate conditions)	
☐ NOT APPROVED	(please indicate reasons)	

BY:		On:	