

## REQUEST FOR INDEPENDENT THIRD-PARTY EDUCATIONAL CONFERENCE

### PART 1: INDEPENDENT THIRD-PARTY EDUCATIONAL CONFERENCE ORGANIZER INFORMATION

*Events falling under this definition are Conferences organized by any or any combination of the following:  
Associations; Societies; 3<sup>rd</sup> Party Conference organizations; Community Organizations; or Any other organization that  
have no HCP affiliation or control*

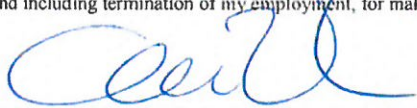
#### MEETING DETAILS:

<b>Name of Event:</b> (eg SICOT 2009, EFORT Instructional Course)	<b>Current Concepts in Joint Replacement - Winter 2015</b>
<b>Official organizer:</b> (independent 3 <sup>rd</sup> Party Organization)	<b>Current Concepts Institute</b> 2310 Superior Avenue East, Suite 100, Cleveland, Ohio 44114 - USA Tel: 216-295-1900 • Fax: 216-295-9955 • E-Mail: Info@CCJR.com
<b>Accreditation:</b> (CME or other accreditation given by the appropriate local, national or international authority/organization)	The Current Concepts Institute is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians. The Current Concepts Institute designates this live activity for a maximum of 23.25 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.
<b>Type of venue(s):</b> (specify Conference Facility / Hotel / Health Care Facility)	Hyatt Regency Grand Cypress, Orlando, Florida Conference Center
<b>Accommodation:</b> (Arranged by conference organization or Zimmer?)	Depending on the different EMEA countries.
<b>Event dates:</b> (specify full duration of event)	December 9 - 12, 2015
<b>Program:</b> (attach official program if possible)	Please find it under: <a href="http://www.ccjr.com/winter/program/">http://www.ccjr.com/winter/program/</a>
<b>Strategic Alignment:</b> (Hip / Knee / Extremities / Trauma / Spine / CAS / OSP / other?)	All Segments
<b>Zimmer's Commercial Sponsorship at Event:</b> (Booth Space, Workshops etc)	Zimmer Inc.
<b>Number of expected HCP's participating in event:</b>	Ca. 3000

## PART 2: APPROVALS

### REQUESTOR'S AFFIRMATION

The undersigned affirms to the best of his/her knowledge and belief and after reasonable inquiry that the foregoing information is true and accurate. The above funding is not offered to induce use, purchase of, or recommendation of Zimmer products by a Health Care Professional. The undersigned further affirms that the amount of any sponsorship by Zimmer to any particular recipient may not be based on, or related to, the past, present, or future volume or value of business generated for Zimmer by that recipient or the anticipated volume or value of business to be generated by the Health Care Professional. I understand that I may be disciplined, up to and including termination of my employment, for making a false affirmation.



Signature of Requestor

On'ol Lacarte

Printed Name of Requestor (Country Manager or  
General Manager or Regional Vice President)

### MEDICAL EDUCATION AFFIRMATION

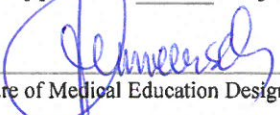
The undersigned affirms that he/she has reviewed the certifications of the requestor and believes such affirmations to be reasonable based upon the information available. If there were any reason to question or raise concerns about the request, or the related affirmations, such concerns have been resolved by reviewing pertinent documents and discussing the issues with the relevant parties. I understand that I may be disciplined, up to and including termination of my employment for making a false affirmation.

☒ Approve ☐ Reject (Rejection reason)

Signature of Medical Education Designee

Date

Printed Name of Medical Education Designee

  
VERMEERSCH Ewen

10 August 2015