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| **MEDTRONIC & THIRD PARTY EVENT EVALUATION FORM**  (This form is to be used to evaluate every type of event and assessment of Customer attendance - active and passive)  **Take country specific requirements into account** | | | | | | | | |
| **Event Title 35th Annual ESRA Congress 2016** | | | | | | | | |
| **Event Dates 7-10 September, 2016** | | | | | | | | |
| **Event Location and Venue Maastricht, The Netherlands** | | | | | | | | |
| **Event Approval Date if applicable (CVS-Ethical MedTech or Events Committee)** | | | | |  | | | |
| **Type of Event (select one)** | | | **Medtronic** | | **Third Party** | | **Mixed** | |
| **BU Rationale (describe your interest to organize/support this event)** | | | This is a very important event to anyone interested and involved in the application of regional anaesthesia/analgesia to chronic pain treatment. The programme of the meeting contains lectures, symposia, panel discussions and special workshops including cadaver practices. This activities are specially interesting for Dr. Iván Lavado, to complete his training in pain therapies. Also, this congress is recognized as one of the best in Europe and as a result carries a high rating with the Accreditation Council for Continuing Medical Education, who assign credit hours to this meeting. | | | | | |
| **BU: Spine&Pain** | | | **Completed by: Silvia Rojo**  **Date:** | | | | | |
|  | | | | | | | | |
| **1.** | **EVENTS EVALUATION** | | | | | | | **YES, NO, N/A** |
|  | * The program is fully dedicated to scientific topics, training and education | | | | | | | **YES** |
|  | * If the program includes sessions in leadership skills, practice management, speaking and presentation skills, they are only a minor component of the overall program | | | | | | | **YES** |
|  | * The program is dedicated to scientific topics for at least 6 hours per full day and contains detailed time schedules | | | | | | | **YES** |
|  | * Partial days are either at the start or at the end of the event | | | | | | | **YES** |
|  | * The event is closely related to MDTs products and/or therapies | | | | | | | **YES** |
|  | * The event is centrally located and easily accessible (close to airport, public transportation) | | | | | | | **YES** |
|  | * The event is not located in primarily leisure destination (touristic versus business) | | | | | | | **YES** |
|  | * The event is free of any entertainment | | | | | | | **YES** |
|  | * The event program includes entertainment, if yes, please complete a), b) and c) hereunder | | | | | | | **N/A** |
|  | * 1. Separate fee charged (FMV) and not paid or reimbursed by Medtronic | | | | | | | **N/A** |
|  | * 1. Timing of the entertainment is scheduled before or after the scientific topics | | | | | | | **N/A** |
|  | * 1. The entertainment is modest and socially appropriate (perception) | | | | | | | **N/A** |
|  | * The venue is business oriented versus leisure and luxury | | | | | | | **YES** |
|  | * If the event is intended primarily for attendees from one country, the event is held in that country | | | | | | | **YES** |
|  | | | | | | | | |
| **2.** | **LODGING (if applicable)** | | | | | | |  |
|  | * Lodging in a business hotel versus leisure and luxury | | | | | | | **YES** |
|  | * The hotel selected for Customer lodging excludes the following chains of hotels:   Four Seasons, Fairmont, Kempinski, Leading Hotels of the World; Conrad Hotels & Resorts, Loews, Mandarin Oriental /Orient Express, Relais & Chateaux, Ritz-Carlton, Trump Hotels, Hard Rock Hotels.  In addition the following hotels are also excluded: Fontainebleau Miami Beach, Wynn Las Vegas, The Venetian Las Vegas, The Cosmopolitan Las Vegas, Mandalay Bay Hotel Las Vegas, Paris Hotel & Casino Las Vegas, Bellagio Hotel Las Vegas, Westgate Las Vegas Hotel & Casino, Aria Resort & Casino Las Vegas, Caesars Palace Hotel Las Vegas, MGM Grand Hotel & Casino Las Vegas, New York New York Hotel Las Vegas, Luxor Las Vegas  ***Please note that this list is not exhaustive but only indicative of the types of hotels which should not be used.*** | | | | | | | **YES** |
|  | | | | | | | | |
| **3.** | **CUSTOMER ASSESSMENT** | | | | | | | |
|  | * If only one Customer is invited, add name and surname | | **Active** | **Passive** | | **name and surname: Dr. Iván Lavado** | | |
|  | * If a group of Customers is invited, add total number | | **Active Nr. \_\_\_** | **Passive Nr. \_\_\_** | |  | | |
|  | * Add names of all invited Customers (preliminary list) or make reference to attendance sheet | | | | | | | |
|  |  | | | | | | | **YES, NO, N/A** |
|  | * The scientific content of the event is in line with Customer(s) specialty | | | | | | | **YES** |
|  | * The selection of the Customer(s) is not tied to Customer(s) past or potential future use of MDT’s products and/or services | | | | | | | **YES** |
|  | * The selection is based upon the training and educational needs of the individual Customer(s) | | | | | | | **YES** |
|  | * If an event is held outside of Customer(s) country/region of practice, please justify | | | | | | | |
|  | **Additional comments / useful information** |  | | | | | | |
| **If you have answered “NO” to one of the above questions, please explain further in the above field and take contact with your local Compliance Coordinator** | | | | | | | | |