



# REQUEST FOR EDUCATIONAL GRANT - PART A

Zimmer may provide funding of Educational Grants to independent, educational, scientific, or policymaking conferences to Approved Institutions / Organizations or Accredited Programs in order to support the general medical training of Healthcare Professionals in order to promote scientific knowledge, medical advancement and the delivery of effective health care. No direct payment will be made payable to an individual or Healthcare Professional.

Educational Grants may not be based on, or related to, past, present, or future volume of business generated for Zimmer by the proposed recipient. Any evidence that suggests that the request for an Educational Grant is tied, in any way, to past, present, or future volume of business will cause the request to be rejected and the request may not be resubmitted.

**To complete this request form you will need the following information:**

1. Federal Tax ID number for your organization (US)
2. Organization information, including your mission statement
3. Program/Event/Educational Tool Information (if applicable)
4. Valid E-Mail address for communications
5. A list of your organization's Board of Directors and Executive Officers
6. Documentation verifying Accreditation
7. Current IRS form W9 for Grant Recipient (US)
8. Evidence of public or private status for Grant Recipient (non US)
9. Disclosure information related to any HCP owned or controlled organization or any other known conflict of interest issues must be disclosed.

<b>PART 1: RECIPIENT INFORMATION</b>		
Zimmer does not fund capital projects.		
<b>Grant Recipient</b> (Legal Name of Organization or Institution)		Tax Identification Number:
Contact Person	Name:	Title:
Address of Grant Recipient:		
<b>Contact Person Information</b>	Phone:	Fax:
	E-Mail:	
<b>Payee</b> (if different from Recipient above)		

PART 2: PROGRAM / EVENT DETAILS			
Title of Program/Event:			
CME Event <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, CME Provider			
Program/Event Description:			
Program/Event Start and End Dates:			
Amount of Funding Requested:	\$	Total Program / Event Budget:	\$
Purpose of Funding (what does grant cover):			
PART 3: DISCLOSURE INFORMATION			
Is your organization owned or controlled by a Healthcare Professional?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If Yes, please indicate the name of the Healthcare Professional			
Disclose Any other known conflict of interest issues here:			

Please attach the following supporting documents for consideration:

- Program Brochure/Agenda for Third-Party Conference Support (draft copies are acceptable)
- W-9 Tax Form – Attached (US)
- Evidence of public or private status (non-US)
- Documentation verifying Accreditation as applicable
- Program/Event/Educational Tool Detailed Budget
- List of other Sponsors for the Program/Event/Educational Tool
- Current list of Board of Directors or Executive Officers

**Return completed form and documentation to:**

Zimmer, Inc. / Grants Office  
 PO Box 708  
 Warsaw, IN 46581-0708  
 Email: tabatha.mcdonald@zimmer.com

The undersigned affirms to the best of his/her knowledge and belief and after reasonable inquiry that the foregoing information is true and accurate and that this donation is not offered to induce use of, purchase of, or recommendation of Zimmer products by a Healthcare Professional. The undersigned also affirms that he/she is authorized to sign on behalf of the Recipient/Payee indicated above.

The undersigned further affirms that any meals and refreshments provided as part of this event will be modest in value, subordinate in time and focus to the purpose of the conference, and clearly separate from the educational portion of the program. In addition, any faculty honoraria, travel, lodging and meal expenses covered by the funds from this grant will be reasonable in value. Further, the venue will be appropriate to the subject matter and conducted in a setting conducive to the exchange of information.

\_\_\_\_\_  
 Signature of Requestor

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Printed Name of Requestor

\_\_\_\_\_  
 Title of Requestor