INTERIM ZIMMER BRANDED PRODUCT MATERIALS REQUEST FORM

This form is to be used as prescribed in ZWI 83.001; Market Communications Zimmer Product Education Materials. It is necessary to complete this form to order anatomical models with Zimmer implants and x-ray magnification markers. Sawbones, sample implants and other workshop materials are to be ordered through the Demo Bank. Under no circumstances should any Zimmer Product Education Materials be ordered from any source other than Zimmer Market Communications or the Demo Bank. REQUESTOR MUST COMPLETE SECTIONS 1-4 OF THIS FORM AND SIGN THE CERTIFICATION OR IT WILL BE DENIED

1: RECIPIENT INFORMATION		3. SELECTION	
Full/legal name:		Qty	Description
Hospital or Practice Affiliation:			NexGen® CR-Flex Knee Model
Street, state, country, zip			NexGen LPS-Flex Knee Model
Phone number:			Zimmer® Unicompartmental Knee Model
Email address:			Zimmer Gender Solutions TM Natural-Knee® Flex Model (Male)
2: REQUESTOR INFORMATION			Trabecular Metal TM Acrylic Hip Model
Name and title:			Miniature Knee Model
Location:			Miniature Hip Model
Zimmer Identification Number:			Miniature Shoulder Model
Business Unit			Zimmer Gender Solutions™ PFJ Knee Demo Sample Kit
Phone/email:			X-Ray Magnification Marker for Zimmer Implants (not generic)
			Customized DVD or Memory Stick
		4. REASON (check all that apply)	
Market Communications Processing			Giving to a Doctor to use in his practice for patient education (cannot to be distributed to patients)
Date Order Placed			Product Demonstration by commercial personnel to demonstrate product features and benefits
Order Number			Zimmer Personnel Education (corporate sales training or distributorship based training)
Date Posted			Medical Education Department course curriculum support
Date Denied			Other:
REQUESTOR'S CERTIFICATION. 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 request meets the criteria outlined in ZWI 83.001. The undersigned affirms that the product materials are not offered to induce use, purchase of, or recommendation of Zimmer products by a Health Care Professional and is not based on, or related to, the past, present, or future volume or value of business generated for Zimmer by the recipient Health Care Professional or the anticipated volume or value of business to be generated by the recipient Health Care Professional. I understand that I may be disciplined, up to and including termination of my employment or contract, for making a false affirmation.			
CREDIT CARD #	V-CODE# Mastercard VISA American Express	Signature of Requestor Date Signed	
Expiration Date	Signature		
Credit Card Billing Address			

TO ORDER FAX FORMS TO: (574) 773-2001

Questions please email: service@sullivangroupusa.com