



This In 2Minutes or Less!® Pre-Program Packet is the vital first step in our logistical planning that will help ensure that we are best prepared to provide the same superior training and service to your sports medicine team that we have provided all our customers since 1995. Please read/complete the form and save it to your SMC Share File or email it to SMC at mjc@SportsMedicineConcepts.com.

DECLARATIONS AND INFORMATION REQUEST

IMPORTANT PROGRAM INFORMATION

In 2Minutes or Less!® is much more than a CE course! Our program is designed to be a comprehensive training exercise. In 2Min or Less!® is the absolute best training you can provide for your staff. Your staff will be among the most highly qualified sports medicine professionals available. We take great pride in this program and expect that participants are as dedicated to leaving our program Prepared to Respond Flawlessly™ as we are dedicated to providing a program that gives our colleagues the opportunity to be ultimately prepared. Our curriculum builds on concepts throughout the session by progressing through a series of demonstrations and live scenarios. The program culminates with our 2Min Drill® which ensures participants leave our program capable and ready to provide the highest standard of care. All participants are asked to adjust their schedules such that they are able to dedicate the time and effort it will take to successfully complete the entire program. Leaving the program early is not an option as it is disruptive to the program and other participants. Neither a certification card nor certificate of completion will be provided to any participant who leaves the program early. SMC staff will not adjust the curriculum for any individual who needs to leave early.

Certificates of Completion and Certification Card Declaration

Upon completion of program competencies, individual certificates of completion and certification cards will be uploaded to your Team EMSsoft® program site. For non-EMSsoft® users, certificates of completion and certification cards will be provided in electronic format via delivery of a CE binder emailed to the primary on-site contact or other designated individual.

Participant Numbers Declaration

Standard programming quote includes service for up to 25 participants. We can quote programming for larger groups. Changes to your programming numbers should be conveyed to SMC at least 2 weeks in advance. A per person sur-charge will be assessed for each participant above the originally quoted number. SMC reserves the right to limit group size whenever changes to the original quote are made.

Faculty / Staff Declaration

SMC's staff is comprised of highly skilled sports medicine professionals who have been selected for their practical knowledge and dedication to helping their colleagues **Prepare to Respond Flawlessly®** during sports' worst moments. Each and every member of our staff is uniquely qualified to administer the In 2Min or Less!® curriculum. Faculty assignments are determined by matching your program objectives with the unique qualifications of our staff members. You can be confident that the teaching team assigned to your program will provide the superior professional education and service that has come to be expected from Sports Medicine Concepts, Inc. You will be sent staff bios prior to your program. You can review staff bios anytime on our website at <http://sportsmedicineconcepts.com/meet-our-staff/>

Lab Equipment Declaration

SMC will provide all equipment required to conduct all aspects of the In 2Min or Less!® Sports Emergency Care Training session. We pride ourselves on having everything we need to conduct very thorough training without requiring our customers to provide any equipment. However, it is always best to practice with the exact equipment that you will be required to respond with. If you have specific/personal emergency response equipment that you would like to train on, please feel free to bring it with you. Professional medical teams, including airway physicians, ATCs, paramedics, and team physicians should plan to have their specific emergency response equipment on-hand. We will conduct the majority of the practice sessions using SMC's equipment, but will use your specific equipment during final competency checkouts.



IMPORTANT FACILITY AND FREIGHT INFORMATION

Sports Medicine Concepts, Inc., programming quality and service is unparalleled. We take great pride in the organization and preparation that we put into each and every program. As we begin preparations to deliver an exceptional training program for your staff, please keep in mind that in order to provide our high level of service we require our customers to provide an appropriate venue.

An appropriate venue is vital to our ability to provide our brand of service. Please understand the following as you prepare to host our programming:

Space Requirements Declaration

In 2Min or Less!® is a hands-on simulation-based program with very specific established learning objectives. As such there is a minimum space requirement necessary to conduct training exercises designed to ensure participants are able to meet all the program learning objectives. Please ensure that the facility you are planning to host In 2Min or Less!® in meets the minimum space requirements. Failing to provide minimum space requirements detracts from our ability to provide the highest level of training that has become a signature of the In 2Min or Less!® curriculum. SMC reserves the right to cancel programming and retain the non-refundable deposit should proper facilities not be available to our staff upon arrival. Canceled programs may be rescheduled for an additional fee, but will only be re-scheduled upon proof that a proper venue has been arranged for and upon receipt of required rescheduling fee. Please call if you have any questions regarding space requirements.

Space Requirement Guidelines: 25 participants: 2,250 Sq. ft., or approximately 90 sq. ft. per person

It is our intent to provide programming that exceeds your expectations as we have done for all of our customers since 1995. If you would prefer, we can arrange for proper facilities through one of our hotel partners for an additional fee.

Freight Requirements Declaration

Sports Medicine Concepts, Inc., prides itself on providing a program that provides any and all equipment, and that we have enough equipment and staff on hand to ensure that the lab runs without delay. In order to do so we will be shipping nearly 1500lbs of freight to your location! The freight may be dropped off by a tractor trailer truck or it may come via a smaller cargo van. Sports Medicine Concepts, Inc., will do its best to time freight delivery and pick-up such that our equipment is not a burden. However, there may be times when freight arrives a few days prior to the program initiation, or is picked up a few days after program conclusion. Please keep this in mind when selecting a delivery location. Our equipment will be shipped in cases that may measure up to 54"W x 42"L x 28"D and weigh up to 400lbs each. To ensure the safety of our staff we require that the program venue be on the ground floor and be readily accessible via appropriately sized doors and hallways, or that an appropriately sized service elevator and hallway space is available for venues that are not on the ground floor.

Please be sure that the program venue is ready for us to set-up in prior to our arrival. The venue should be a clean open space that is clear of any chairs, desks, or other equipment. Our staff will set-up and tear-down program equipment as required for the program.

Our staff will need approximately 2hrs to complete program set-up prior to the start of the program. We would prefer the ability to set-up the day/evening prior to the start of programming. If set-up the day/evening prior is not possible, please plan a program start time of 10am or later. We will require approximately 2hrs to tear-down and pack-up after program completion.

Please initial that you have read and understand the program declarations:



PROGRAM INFORMATION

COMPANY / TEAM NAME:

Program Date:

Program Start Time:

Program End Time:

Time Zone:

PLEASE INDICATE NUMBER OF TEAM MEMBERS WHO WILL BE

PARTICIPATING: Anticipated Total Number of Participants:

Team MD:

AMP:

Neuro:

Staff ATCs:

Camp Interns:

Seasonal Interns:

EMS:

Paramedics:

Please List Your 3 Top Objectives You Hope To Meet By Scheduling This Program

Objective 1:

Objective 2:

Objective 3:

Are you interested in AHA CPR Re-Certification for your Staff?

SMC provides AHA Recertification through a blended curriculum. Participants complete the AHA on-line curriculum prior to skills testing conducted after conclusion of the In 2Min or Less!® program. There is an addition per person charge for CPR Recertification.

ON-SITE CONTACT INFORMATION

Primary Contact Name:

Office Phone:

Ext.

Cell Phone:

Email:

Secondary Contact Name:

Office Phone:

Ext.

Cell Phone:

Email:

PROGRAM VENUE INFORMATION

FACILITY:

Complete GPS Address:

On-Site Facility/Security Contact:

Office Phone:

Ext.

Cell Phone:

Email:

Room Dimensions:

ft. X

ft.

Is Wifi Available to us? Y N

Wifi Password:

Is an Ethernet Connection Available to us? Y N

Password:



IN-BOUND FREIGHT INFORMATION

It is essential that we have accurate information pertaining to freight delivery to ensure that our program equipment arrives and leaves your facility in a timely fashion. If you have ANY questions, please contact SMC to ensure that the information provided below is accurate.

The designated Primary Contact provided above will be on all in-bound freight shipping labels and will be the designated contact for our freight carrier who may call to schedule delivery or provide critical freight delivery and pick-up information.

Receiving Facility:

Receiving Address:

Receiving Dock:

Receiving Contact Name:

Office Phone: Ext. Cell: Email:

Is there a loading dock at this address? Y N

Are ground level freight elevators accessible? Y N

Will unloading freight at this facility require a lift-gate truck? Y N

Are pallet jacks available at this facility? Y N

BILLING INFORMATION

Billing Address:

Accounts Payable Contact:

Phone: Ext: Email:

Is there a PO# that must be referenced with this invoice? Y N PO#