



# Industry Support Funding Request

Fields marked with an \* are required.

## Select Type of Request \*

- Continuing Medical Education (CME) Grant
- Educational Grant
- Clinical Research Grant
- Investigator Initiated Trials (IIT) Grant
- Patient Organization Grant
- Charitable Donation

## Event/Activity Date(s) \*

Start Date: \_\_\_\_\_ One-day event  
/ /20

End Date:  
/ /20

## Requestor Contact Information \*

Name \* \_\_\_\_\_ Phone \* \_\_\_\_\_

Email \*

## Organization Information \*

Organization Name \*

Address \*

Website \* \_\_\_\_\_ Phone \* \_\_\_\_\_

## Event/Activity Information \*

Title \*

Purpose of Event/Activity (for IITs, please submit synopsis of research trial) \*

How will funding be used, if approved? \*

Please attach or provide learning objective(s) (PDF/JPEG) \*

**Please attach the following materials as PDFs or JPEGs: \***

- Detailed budget
- All supporting documents
- An agenda (if applicable)
- W-9 Form (for U.S. & Puerto Rico organizations)

Here is a link to download the W9 form: <https://www.irs.gov/pub/irs-pdf/fw9.pdf>

**Requested Amount (in US Dollars) \***

Budget Item \* \$ in USD \*

Budget Item \* \$ in USD \*

Budget Item \* \$ in USD \*

Budget Item \* \$ in USD \*

Today's Date / /20

Please anticipate a response within 30 days from the date of a complete submission.