



# Educational Grant Request Form

Please be sure to submit request at least 30 days prior to the event

<b>Name of Requester:</b>	<b>Therapeutic Area of Event:</b> Wounds/Trauma: <input type="checkbox"/> Surgical: <input type="checkbox"/> Pelvic Organ Prolapse: <input type="checkbox"/>
<b>Telephone:</b>	<b>Date of Request:</b>

Part 1: Entity Information	
<b>Payee (Legal Name):</b>	
<b>If different than Payee, Meeting Sponsor Name:</b>	
<b>Entity Tax ID #:</b>	
<b>Is the entity a 501(c)3?</b> <i>Note: All Grants must have 501(c)3 letter submitted with request</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Address:</b>	<b>Street Address:</b>
	<b>Line 1:</b>
	<b>Line 2:</b>
	<b>City:</b> <b>State:</b>
<b>Zip Code:</b>	
<b>HCP or Affiliated Entity:</b> <i>Is this request affiliated with an HCP or HCO?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Meeting Sponsor Contact Person:</b>	<b>Name:</b>
	<b>Title:</b>
<b>Fax:</b>	<b>Telephone:</b>
<b>Email:</b>	

Part 2: Type of Entity Information – Mark appropriate box below to reflect requesting entity	
<input type="checkbox"/> Association <input type="checkbox"/> Society <input type="checkbox"/> Third Party Conference Organization <input type="checkbox"/> Community Organization	<input type="checkbox"/> Hospital/Medical Center <input type="checkbox"/> Foundation <input type="checkbox"/> Academic Institution <input type="checkbox"/> Group Purchasing Organization (GPO)

Part 3: Event Details	
Name of Event:	
Event Location: (city, state)	
Date(s) of Event:	
Name of Venue: (hotel, conference center, etc.)	
Target Audience of Event:	
Expected number of attendees:	
Will there be CME/CEUs awarded for any part of the Event? :	<input type="checkbox"/> Yes <input type="checkbox"/> No
Part 4: Amount and Attestation of Requesting Entity	
Amount being requested:	
Has funding been requested of other industry members? :	<input type="checkbox"/> Yes <input type="checkbox"/> No
If question above is answered <b>yes</b> , please provide a list of other companies who have been requested to provide support.	
<p>As the entity requester, I represent that I have been granted the authority on behalf of the entity represented to request this grant based on the fact that this event is dedicated to objective scientific and educational activities. Additionally, this event is being held to provide education to Healthcare Professionals, Healthcare Organizations or Patients in a disease state or therapeutic area relevant to ACell's products.</p> <p>Furthermore, it is understood that if there are any unused funds, they are to be returned to ACell no later than 30 days post the event.</p> <p>Printed Name of Requester: _____</p> <p>Signature of Requester: _____</p> <p>Date Signed: _____</p>	

\*A checklist of required documentation is on page 3.

## Documentation Requirements for Educational Grant Request

*The list below is provided for reference in regards to the required documents that must be submitted with this completed form.*

- Request Form
- Request Letter for support
- W-4 or W-9
- 501c3, c4 or c6 letter
- Prospectus/Brochure
- Agenda
- Budget
- List of Board of Directors/Trustees

- Completed requests and the required supporting documentation should be submitted to: [grants@acell.com](mailto:grants@acell.com)
- If you have any questions regarding the status of your request please submit questions to the same email address as above.
- A representative from the Professional Relations department will contact you once a decision has been made pursuant to your request.