

Nihon Kohden Third Party Conference Support Request Form

To avoid delays please ensure all printed information is legible.

This request form is to be used to request funds for a specific educational event, such as a seminar, conference or symposium.

If you would like to request funds for a non-physician related residency program or general public, patient, or health care professional education, please use the Educational Grant Request Form.

Date Submitted _____ Support Requested By Date _____ Requested Support Amount
Payment Terms and Currency Type if not US dollars

I. Requestor/Recipient/Payee Information *Please note: checks must be made payable to the education conference provider as listed on the W-9*

Due to changes in Vermont law effective July 1, 2009, Vermont organizations, educational events or professional meetings for health care providers must be ACCME accredited to receive grant funding from Nihon Kohden

Please check if Recipient is located in Massachusetts or Vermont

Contact Information (please include email address to facilitate communication)

NO PO BOXes. Please enter physical address ONLY.

Recipient Name Contact Person
Name 2 Phone
Recipient Address Email
Address 2 Fax
City State Zip Recipient's Tax-Exempt Status (e.g., 501c3, 501c4, 501c6)
If not in US, City/Country/Postal Code
Applicant Website Address

II. Nihon Kohden Sales Representative Information

Nihon Kohden Sales Representative Name
NK Sales Rep Phone NK Sales Rep Email
NK Sales Rep Division If Other, describe

III. Conference Information

Conference Name
Dates(s) Through Please check if the Event is accredited
Location: City State Type of Educational Credits Provided
Number of Educational Credits Applied for/Approved If other, please describe

Additional Support Requested (e.g., samples, supplies, raffle items or door prizes)

Please List Items Included with Grant (e.g., exhibit space, advertisements)

If this is a Re-Occuring Event, Please List Previous Support Provided by Nihon Kohden (monetary and non-monetary)

Date Submitted _____

Reminder: All information must be present and supporting documentation must be received for consideration.

Requestor Name

IV. Additional Information

V. Supporting Documentation *In addition to the completed request form the following documents must be included*

Please note: some of this information may be provided on the program agenda.

- **Registration Documentation, Letter of Request (on institution’s letterhead), or other documentation to show the PRC how the requested grant amount was determined**
- **Tax-Exemption Determination Letter (if applicable)**
- **Detailed Program Brochure/Agenda (all content must be included)**
- **W-9**
- **Event Budget**
- **All Required approvals**
- **Evidence of CME/CEU Credits (if applicable)**
- **Composition of Target Audience**

VI. Certification of Compliance

Nihon Kohden will not make a charitable contribution that implicitly or explicitly rewards a customer for past or future purchases, uses, orders, or recommendations of Nihon Kohden products. Any evidence that a charitable contribution is tied in any way to the past, present, or future use, order, recommendation or purchase of Nihon Kohden products will result in denial, and may exclude the organization from consideration for future funding. By signing below the Applicant understand, agrees and certifies:

- 1) All information provided on this Third Party Conference Support Request Form is true and accurate to the best of the Applicant’s knowledge;
- 2) Neither Applicant nor Nihon Kohden, including their respective personnel, contractors or agents, have stated or implied, explicitly or implicitly, that this donation is intended to provide prohibited remuneration or impose a requirement for the purchase, use, order or recommendation of Nihon Kohden product.

If, for any reason, you find that you cannot complete this certification or if you have any questions regarding this certification please contact Nihon Kohden’s Grants Committee via email at Grants@nkusa.com to discuss your concerns.

Nihon Kohden provides all sponsorships and follows disclosure requirements in accordance with applicable state and federal laws.

Requestor Signature Date

FOR NIHON KOHDEN USE ONLY

SVP APPROVAL REQUIRED *If different divisions are funding request, SVP approval from each division must be obtained. Emailed approvals are accepted.*

Signature of SVP Approver Date

Printed Name of SVP Approver

Divisional Budget(s) Impacted (and amount)

NH Department	Sales	Marketing	Other	If other, please describe <input style="width: 90%;" type="text"/>
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PRC USE ONLY

PRC Approved	PRC Declined	Comments	<input style="width: 95%;" type="text"/>
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PRC Approval Signature _____ Date _____