

Clinical Support Request Application

Thank you for your interest in requesting a donation or grant from Applied Medical.

As a new generation medical device company, Applied Medical is committed to supporting various independent programs in an effort to advance surgeon education and minimally invasive surgery for enhanced patient outcomes.

To have your request for financial support or product donation formally considered by Applied Medical, please complete the following form. You will be contacted with a response by our grant review committee.

Type of Organization

☐ Surgical Society
 ☐ Non-Profit Organization
 ☐ Accredited Medical School
 ☐ Hospital or Medical Center
 ☐ Teaching Hospital
 TIN:

Other: _____

Contact Information

Name of Institution/Group: _____

Address Line 1: _____

Address Line 2: _____

City: _____ State: _____ Zip: _____ Country: _____

Website: _____

Primary Contact

Name: _____

Phone: _____

Email: _____

Event Information

Program Name(s): _____

Event Date(s): _____

Frequency of Event: _____

Event Website: _____

Audience Group (Fellows, Residents, Surgeons, PAs, etc.): _____

Surgical Specialty: _____

Will badges be provided with support of an educational grant? Yes No

What is the cost of additional badges? _____

Exhibiting opportunities? Yes No

**If yes, please attach exhibitor sponsorship along with W-9, Letter of Request, Letter of Agreement, agenda, budget.*

Grant Request Details

Please explain the specific purpose of your request for a grant from Applied Medical:

Budget

Amount Requested: \$

Please explain in detail how the requested funds would be used and specifically for what expenses:

Organization Details

Please provide background information about your organization. Size of the organization, impact, goals, etc:

Product Request

In addition to funding, are products/equipment being requested? Yes No

A product catalog is available [here](#).

Model #	Description	Quantity (ea)	Model #	Description	Quantity (ea)

Documents required with your application

- W-9
- Letter of Request
- Letter of Agreement (If you do not have one, we will provide one if your application is approved)
- If application is for an event or meeting a copy of the detailed agenda must be provided
- If application is for an event or meeting a budget with complete program expenses for the event must be provided
- Exhibitor sponsorship (optional)

Please email your completed application to ClinicalSupport@appliedmedical.com.