



DJO Third Party Conference Support Request Form

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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 _____ Requested Support Amount _____ Support Requested By Date _____
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 DJO

Please check if Recipient is located in Massachusetts or Vermont

NO PO BOXes Please enter physical address ONLY.

Contact Information
(please include email address to facilitate communication)

Recipient Name _____ Contact Name _____
Name 2 _____ Contact Title _____
Recipient Address _____ Phone _____
Address 2 _____ Email _____
Address 3 _____ Recipient's Tax-Exempt Status _____
City _____ State _____ Zip _____ For Example: 501c3, 501c4, 501c6
If not in US, City/Country _____
Recipient Website Address _____

II. Conference Information

Conference Name _____
Dates(s) _____ Through _____ State _____ Please check if the Event is accredited
Location City _____ 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 DJO (monetary and non-monetary) _____



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

Date Submitted _____

Requestor Name _____

III. Additional Information

IV. 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-Exempt Status Determination Letter (if applicable)**
- **Detailed Program Brochure/Agenda (all content must be included)**
- **W-9**
- **Event Budget**
- **Evidence of CME/CEU Credits (if applicable)**
- **Composition of Target Audience**

V. Certification of Compliance

DJO will not make an educational grant/sponsorship that implicitly or explicitly rewards a customer for past or future purchases, uses, orders or recommendations of DJO products. Any evidence that an educational grant is tied in any way to the past, present or future use, order, recommendation or purchase of DJO's products will result in denial, and may exclude the organization from consideration for future funding. By signing below the Requestor understands, agrees and certifies:

- 1) All information provided on this Third-Party Conference Support Request Form is true and accurate to the best of the Requestor's knowledge;
- 2) Recipient/Payee, Requestor or DJO, including respective personnel, contractors or agents, have NOT 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 DJO product.

If, for any reason, you find that you cannot complete this certification or if you have any questions regarding this certification please contact DJO's Professional Relations Committee via phone 760.597.3925 or via email prc@djoglobal.com to discuss your concerns.

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

Requestor Signature _____ Date _____

FOR DJO 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) _____

DJO Department Sales Marketing Other If other, please describe _____

PRC USE ONLY

PRC Approved PRC Declined Comments _____

PRC Approval Signature _____ Date _____