

EDUCATIONAL GRANT SUBMISSION FORM



Medical
Affairs

1. Educational Grant Submission Form

Name of Requestor:

Legal Name of Organization Requesting Funds:

Address:

Contact Person:

Title:

Phone Number:

Email:

Has the organization requested/received funds from BTG before? Yes No

If known, check the relevant therapeutic or diagnostic area:

Interventional Oncology

Severe Emphysema

Blood Clots

Varicose Veins

Counteracting Snake Bites

Medication Toxicity

2. Purpose of Request

The requested funding will be used for (please check all that apply):

What is the title, date and location of the conference?

When will the conference be held?

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Who is the CME provider, if applicable?

Who is the target audience?

What is the estimated number of attendees?

What is the planned number of speakers/faculty?

What is the educational goal of the conference?

3. Funding Request

Educational Grant:

Other Sponsorship:

In-Kind Request:

Total:

Type of Currency:
(e.g. USD, Euros, Pounds, etc.)

Total amount of funding needed for conference:

Are other sponsors being secured for the conference: Yes No

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Check Information:

Check made payable to:

Mail check to:

Account Name:

Bank Name:

Account Number:

Bank Location (U.S. – City/State and International – City/Country)

Bank Identifier Code (Swift Code):

Routing Number (IBAGN # or ABA #):

Verification:

The request for funding was completed by the undersigned, who certifies to the accuracy of the information provided.

Name:

Electronic Signature Field:

Date:

Email Address: