



Third-Party Educational Grant Request Form

Instructions for the Applicant

To apply for a grant from Mindray North America, please send the completed form and supporting documentation via email to grantscommittee@mindray.com.

General Information Regarding Requester and Recipient

Recipient's Full Legal Name ¹		Recipient's Address	
Recipient's Phone Number		Recipient's Fax Number	
Recipient's Website			
Funding Due Date		Recipient's Tax Number	
Recipient's Tax Exempt Status	501(c)(3) (Tax-exempt charitable organization)	501(c)(6)	Not tax exempt
	Other. (Describe)		
Individual Completing Form (Requester)		Requester's Title and Position with Recipient	
Requester's Phone Number		Requester's Email	

Third-Party Educational Conference Information

Event Name			
Event Type	Regional/State/Local Society or Association Meeting ²	Grand Rounds ³	Scientific Round Table ⁴
	Other. Describe:		
Describe Event Purpose and Content			
Event Website			
Event Date(s)		Event Hours	
Event Location	City, State:	Facility/Hotel:	
	Location Website (if available):		

1 The "Recipient" is the organization that will ultimately receive the financial support and the name that should be stated on the check or wire transfer. Information regarding the person submitting the request is asked for later.

2 Nationally or regionally recognized, bona fide, independent, educational, scientific or policy-making conferences or congresses regarding conditions and disease states related to Mindray products.

3 Using patient cases to present and discuss treatment for conditions and disease states related to Mindray products.

4 High caliber, scientifically valuable roundtables, panels, or discussion groups directed at advancing the state of medical knowledge regarding conditions and disease states related to Mindray products.

Third-Party Educational Conference Information

Intended Attendees (Check all that apply)	Surgeons	Anesthesiologists	Radiologists
	Ultrasound Technicians	Medical Staff	Fellows
	Residents	Family Practice Physicians	Physician Assistants
	Nurses	Advanced Practice Nurses	Students
	Other. Describe:		
Anticipated Number of Attendees		Number of Speakers	
Will CME/CEU credits be available?	Yes	If yes, how many credits are available?	
		If yes, how much will each attendee pay?	
	No	If yes, what part of the attendee fee is to pay for the credits?	

Mindray will not provide financial support that results in Total Revenue exceeding Total Expenses

Provide the following information regarding the event's current budget.	If attendees will be charged a registration fee, provide total fees for all attendees	Sponsorships	\$
		Total Attendee Fees	\$
		Other Revenue	\$
	Total Expenses \$	Total Revenue \$	

Mindray may not sponsor meal, receptions, or other hospitality costs for the attendees' spouses or other guests.

Funding Request(s) ⁵ (May also submit separate detailed budget)	Expense Type		Budgeted Expense	Funding Request
		Meeting Support	Overall conference costs	
Faculty expenses				
Meal. Describe:				
Reception: Describe:				
Other. Describe:				
Grand Rounds Speaker Expenses		Honorarium		
		Travel		
		Lodging		
		Meals		
		Other. Describe:		
Speaker's Name:				
Other. Describe:				
Total Budgeted Expenses and Funding Request				
Mindray Past Funding \$				

⁵ To request a scholarship, complete the Healthcare Professional in Training Scholarship Request Form

Supporting Documentation

Provide the following supporting documentation. If not available or applicable, check the Not Available/Applicable box.

1. If the Recipient is a tax-exempt organization, a copy of the Recipient's IRS tax exempt determination letter. **Required for 501(c)(3) or 501(c)(6) Recipients.**

Not Available/Applicable

2. A detailed budget, current as of the date the request form is submitted to Mindray.

Not Available/Applicable"

3. A copy of the agenda. If an agenda is not available and the event is similar to a previous event, attach the agenda from the most recent past event

Not Available/Applicable

4. A copy of promotional materials for the event. If the promotional materials are not finalized, provide current drafts or samples from the most recent past event

Not Available/Applicable

5. A list of the invited attendees

Not Available/Applicable

6. If the request is for speaker honorarium or expenses, attach a copy of the speaker's curriculum vitae.

Not Available/Applicable

7. A speaker list. If the speakers have not been finalized, attach a list of planned and invited speakers. Not required if speaker's name is included in the Third-Party Educational Conference Information for Speaker Honorarium

Not Available/Applicable

Certificate of Compliance

I, the undersigned, certify that to the best of my knowledge, the following statements are true with respect to this request:

1. The recipient, its personnel, and I did not, implicitly or explicitly, solicit the requested financial support in return for an agreement to purchase, use, order, or recommend Mindray products.
2. No Mindray representative implicitly or explicitly offered financial support to induce the Recipient, its personnel, or me to purchase, use, order, or recommend Mindray products or to reward prior purchases, uses, orders, or recommendations of Mindray products.
3. The amount of the requested financial support, alone or in combination with other financial support requested or received for the same purpose, does not exceed the anticipated costs of the purpose for which it is requested.
4. Recipient will maintain records regarding the receipt and use of the financial support in a manner that is adequate to confirm Recipient's use of the financial support consistent with the information provided in this request form and provide Mindray reasonable access to such records.
5. Recipient is not excluded by the Office of Inspector General for the U.S. Department of Health and Human Services from participating in Medicare, Medicaid or other federal healthcare programs.
6. Recipient is not debarred or suspended by the U.S. General Services Administration (System for Award Management) from federal government procurement and non-procurement programs.
7. Recipient is not disqualified or disbarred by the U.S. Food and Drug Administration.
8. Recipient is not designated as a Specially Designated National or Blocked Person by the Office of Foreign Asset Control of the U.S. Treasury Department and is not included on the U.S. State Department's Terrorist Exclusions List.
9. All of the information included on and documentation attached to this request form by the Requester and/or Recipient is accurate.

Requester's Signature

Date