|  |  |  |
| --- | --- | --- |
| <<Form\_Salutation>> <<Account\_Name>>  <<Address\_GLBL\_Line\_1\_Adrs\_Txt\_GLBL>>  <<Address\_GLBL\_Line\_2\_Adrs\_Txt\_GLBL>>  <<Address\_GLBL\_Zip\_Postal\_Code\_GLBL>> <<Address\_GLBL\_City\_GLBL>> | | |
|  |  | <<Today\_\_s>> |

Dear <<Form\_Salutation>> <<Account\_Name>>

Lilly is pleased to sponsor your attendance at <<Meeting\_MERC\_Name>> that will take place <<Meeting\_MERC\_City\_of\_Meeting\_MERC>> in <<Meeting\_MERC\_Date\_of\_Event\_MERC\_\_s>>.

Lilly is committed to conducting our business ethically, with integrity, and consistent with all applicable laws. As part of this commitment, Lilly is notifying Institutions when we are

sponsoring their HCPs.

Please identify an individual who has the authority to represent your healthcare organisation, or who is in a position to make decisions on behalf of your healthcare organisation regarding interactions with third party companies and organisations.

Lilly will contact your designated individual by email to inform them of your engagement with Lilly prior to the event date. This completed form must be returned to your Lilly contact no later than <<Form\_returndate>>

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| --- | --- | --- | --- | --- | --- | --- |
| **Section 1 -** *If you work for more than one Institution, please identify a Designated Individual at each Institution.* | | | | | | |
| \* Examples of Designated Individuals include Department Head, Hospital Administrator, University Administrator, Human Resources Manager, Medical Director. | | | | | | |
| Institution #1: | | | | | | |
| Printed Name and Title of Designated Individual: | | | | | | <<Form\_NametitleofDI>> |
| Printed Name of Institution: | | | | | <<Form\_Diinstitutionname>> | |
| Business Address: | | | <<Form\_DIInstitutionaddress>> | | | |
| Email: | <<Form\_Diemailadress>> | | | | | |
| Institution #2, if applicable | | | | | | |
| Printed Name and Title of Designated Individual: | | | | | | <<Form\_NametitleofDI2>> |
| Printed Name of Institution: | | | | <Form\_Diinstitutionname2>> | | |
| Business Address: | | <<Form\_DIInstitutionaddress>> | | | | |
| Email | <<Form\_Diemailadress2>> | | | | | |
| *Note: If you work for more Institutions, please add another sheet.* | | | | | | |
| Notification NOT required: If you are self-employed in private practice and have no affiliations to any Healthcare Organisation or Government Funded Organisation, then please tick here | | | | | | |

**Privacy Notice**

This agreement requires you to share personal information with Lilly, including your name, business address and email. Below is a brief description of how Lilly will use your

information:

* Lilly Ireland will keep your information on file and may share with Lilly employees whose work reasonably requires access to fulfill the purposes stated on this form.
* Third parties may be used to keep and update this information in the United States or in other countries whose privacy laws may not be the same as those in the country where you live. Lilly will require those third parties to store your information securely and not use it for any reasons other than what is described on this form.
* If potential legal or compliance concerns are identified, information that you provide may be shared with Lilly’s external legal advisors and/or domestic and foreign legal and regulatory authorities.
* Lilly will share your information to respond to information requests of governmental

authorities or where required by law.

Should you wish to access, amend or delete your personal information that Lilly has on file, please contact Lilly Data Privacy Steward on 01 661 4377.

By signing the above, you are acknowledging your agreement to the processing of your

information as described in this notice.

**Lilly Contact Information**

Signature: Date:

Printed Name: Business Unit: