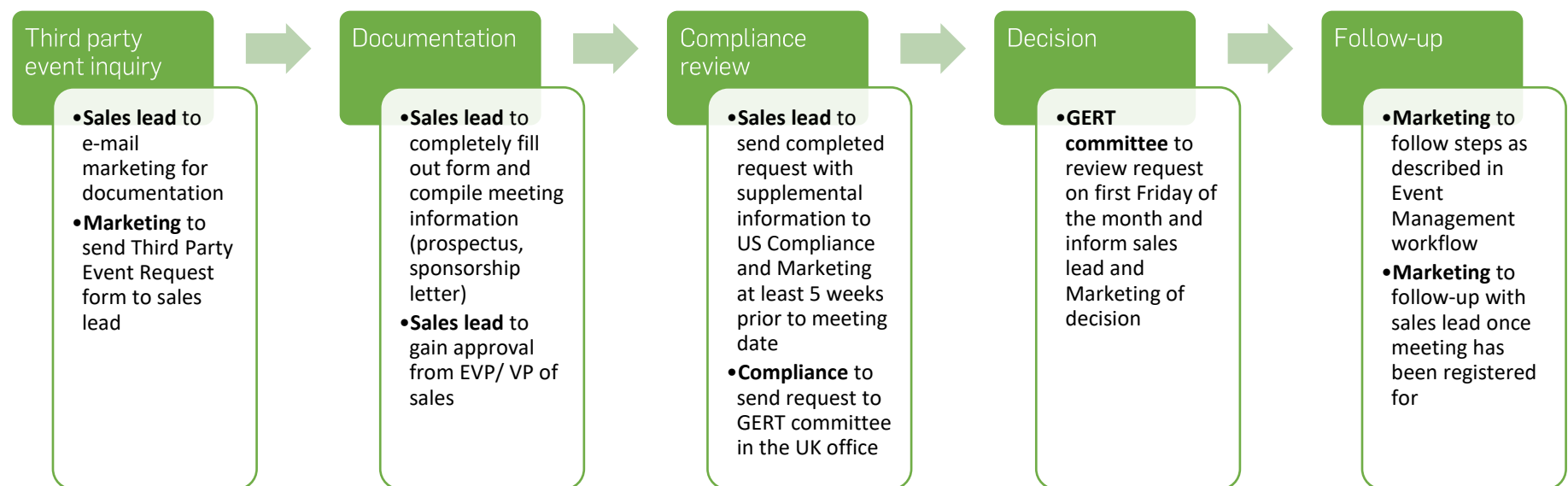


Grants and Events Review Team (GERT) Process Flow

The following process must be followed to request funds from Biocomposites for events not in the yearly budget



Sample request

Biocomposites®		Issued	
		Quality Operating Procedure	
Document Ref:	QOP0412	Revision:	1
Owners:	Compliance Director	Effective Date:	Apr 13, 2018
Title:		Third Party Organised Educational Event Request	
<p>Biocomposites adheres to the ABHI/MedTech Europe Code of Ethical Business Practice which sets strict, clear and transparent rules for our industry's relationship with Healthcare Professionals (HCPs) and Healthcare Organisations (HCOs), including support to independent medical education via grants.</p>			
<p>Instructions – Please read before completing the form</p> <ul style="list-style-type: none"> • Event requests are typically reviewed on the first Friday of the month therefore applications must be submitted at least 5 weeks prior to the event taking place with all supporting documentation attached. Any application not complying with this timeline may be rejected. • There is no guarantee that all of the amount requested will be granted. Biocomposites may reject, approve in full or approve a lower amount at its absolute discretion. • The completed and signed form including all required supporting documents must be submitted by e-mail to: compliance@biocomposites.com. • Note: direct payments to HCPs are not permitted; payments can only be made to their employer/organisation 			
0. Submitted by (Biocomposites contact person)			
Name:	Frank Herrington		
Position:	SE Regional Sales Mgr.		
Region & Country:	Greensboro, Georgia		
1. Applicant Information			
Full name:	Fred Flandry, MD		
Position:	President		
Organisation:	Clinical Orthopaedic Society		
Address:	110 West Road., Suite 227; Towson, MD 30339.		
Mission/purpose of organisation:	The COS is comprised of leading Orthopedic surgeons from across the United States. Its purpose is to conduct research, present papers at their annual meeting, residency training programs in advancing orthopaedic care.		
Website:	https://www.cosociety.org/annual-meeting		
Telephone number:	888-695-0515		
Email address:	cosociety.org		
2. Request Type (please tick)			
<input checked="" type="checkbox"/> Support/exhibiting at an Educational Event		<input type="checkbox"/> Financial support only for an Educational Event	
3. Educational Event Details			
Generally, support for the event must only cover the costs related to the organisation of the Educational Event (e.g. the rent of the premises or space where the event is taking place). In addition, no funding will be provided to cover ordinary operating and/or running costs of the organisation and other budget items not directly linked to the education.			
Event Title:	Clinical Orthopaedic Society 107th Annual Meeting		
Therapeutic or diagnostic areas:			
Targeted audience by the Educational Event:	Local <input type="checkbox"/> National <input checked="" type="checkbox"/> International <input type="checkbox"/>		
Approximate number of delegates:	<10 <input type="checkbox"/> 11-25 <input type="checkbox"/> 26-50 <input type="checkbox"/> 51-100 <input type="checkbox"/> 101-200 <input checked="" type="checkbox"/> >200 <input type="checkbox"/>		

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Biocomposites®		Issued	
		Quality Operating Procedure	
Document Ref:	QOP0412	Revision:	1
Owners:	Compliance Director	Effective Date:	Apr 13, 2018
Title:		Third Party Organised Educational Event Request	
Objective of the Event:		(Supporting documentation including most up-to-date-programme attached Yes <input checked="" type="checkbox"/> / No <input type="checkbox"/>)	
Venue (City, State / County, Country, Website):	Atlanta, Georgia. Omni Hotel @ The Battery; 2625 Circle 75 Pkwy. Atlanta, GA. 30339		
Start date (dd/mm/yyyy):	09/18/2019	End date (dd/mm/yyyy):	09/20/2019
Funding requested from Biocomposites (specify currency):	US Dollars \$7,100 USD		
Frequency and amount of payments:	<input checked="" type="checkbox"/> One off payment <input type="checkbox"/> Initial payment of _____ then monthly at _____ for _____ months <input type="checkbox"/> Initial payment of _____ then annually at _____ for _____ years <input type="checkbox"/> Pay on invoice <input type="checkbox"/> Pay against valid receipts		
Latest date (first) payment required:	July 19, 2019		
4. Biocomposites Participation at the Educational Event			
Please list proposed Biocomposites attendees and additional costs that may be incurred: Gary Scheel John Freeman	Purpose	Value	
	<input checked="" type="checkbox"/> Registration	\$4,500	
	<input checked="" type="checkbox"/> Travel	\$600	
	<input checked="" type="checkbox"/> Accommodation	\$1,000 for 2 nights	
<input checked="" type="checkbox"/> Hospitality	\$1000		
5. Declaration (Biocomposites contact person)			
I declare that:			
The information provided in this form and supporting documents are true and accurate;			
Name (please print)	Frank Herrington		
Position	South East Regional Sales Manager		
Signature	_____		
Date	04/01/2019		
Office Use Only: ISD Pre- Approval Y / N		GERT Confirmed Approval Y / N	
		Date:	

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