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.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Instructions – Please read before completing the form**   * 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](mailto: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: | |  | | |
| Position: | |  | | |
| Region & Country: | |  | | |
| **1. Applicant Information** | | | | |
| Full name: | |  | | |
| Position: | |  | | |
| Organisation / Hospital: | |  | | |
| Address: | |  | | |
| Mission/purpose of organisation:  (provide a description of the organisation’s educational/scientific mission, field of activity, notable projects/co-operations) | |  | | |
| Website: | |  | | |
| Telephone number: | |  | | |
| Email address: | |  | | |
| **2. Request Type** *(please tick)* | | | | |
| ☐ Support/exhibiting at an Educational Event | | ☐ 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: | |  | | |
| Therapeutic or diagnostic areas: | |  | | |
| Targeted audience by the Educational Event: | | Local ☐ National ☐ International ☐ | | |
| Approximate number of delegates: | | <10☐ 11-25 ☐ 26-50 ☐ 51-100☐ 101-200 ☐ >200 ☐ | | |
| Objective of the Event: | (Supporting documentation including most up-to-date-programme attached Yes ☐ / No ☐) | | | |
| Venue (City, State / County, Country, Website): |  | | | |
| Start date (dd/mm/yyyy): |  | End date  (dd/mm/yyyy): | |  |
| Funding requested from Biocomposites  (specify currency): | |  | | |
| Funding package / allocation of funds  (provide a breakdown of what is provided for in each category) | | ☐Exhibition space/booth @ \_\_\_\_\_\_\_\_  ☐Entry for\_\_\_\_\_\_\_\_ delegates @ \_\_\_\_\_\_\_\_  ☐Room hire @ \_\_\_\_\_\_\_\_  ☐Catering @  ☐Other (specify) | | |
| Frequency and amount of payments: | | ☐One off payment  ☐Initial payment of then monthly at for months  ☐Initial payment of then annually at for years  ☐Pay on invoice ☐Pay against valid receipts | | |
| Latest date (first) payment required: | |  | | |
| **4. Biocomposites Participation at the Educational Event** | | | | |
| Please list proposed Biocomposites attendees and additional costs that may be incurred: | | **Purpose** | **Value** | |
| ☐ Registration |  | |
| ☐ Travel |  | |
| ☐ Accommodation |  | |
| ☐ Hospitality |  | |
| **5. Declaration (Biocomposites contact person)** | | | | |
| I declare that:  The information provided in this form and supporting documents are true and accurate;  **Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  (please print)  **Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | |

Office Use Only: ISD Pre- Approval Y / N / not known GERT Confirmed Approval Y / N Date: