

Novartis Vaccines Educational Grant Request Application

Novartis Contact			
Requesting Institution (“Recipient”)			
Institution Address			
Institution Contact Name			
Institution Contact Information	Phone:	E-mail:	
	Fax:	Tax ID:	
Amount Requested	\$ If new vendor, please complete appropriate tax forms and return with signed Grant Request Form		
Please Check One: <input type="checkbox"/> Educational Program <input type="checkbox"/> Charitable Event <input type="checkbox"/> Other, Describe:			
Description of Program/Event/Materials:			
Date(s) of Program/Event		Location of Program/Event	
Anticipated # of Attendees		CME-accredited: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>Please also attach supporting material, such as Institution’s request letter with program specifics.</i>			

To the Recipient: Please read the following and sign below.

1. The Recipient is under no obligation to support Novartis Vaccines and Diagnostics, Inc. (“Novartis”) or purchase, prescribe, recommend, or otherwise influence the sale of Novartis products.
2. The Recipient shall have full control over educational program content and/or materials. Novartis personnel shall not be involved in the selection of topics, speakers, attendees, materials or otherwise influence the program content or charitable event. Upon written request from the Recipient, Novartis may provide technical assistance or suggestions on general topics and speakers.
3. All program invitations and materials must include a disclosure of grant funding (e.g., “This program is made possible through an educational grant from Novartis Vaccines and Diagnostics, Inc.”). When applicable, any significant relationship between a speaker and Novartis must be disclosed during the program as well as any discussions relating to a use that has not been approved by the U.S. Food and Drug Administration.
4. Payment will be made to the Recipient only and not an individual party. ***Incomplete forms, or forms without a copy of the Recipient’s grant request letter, will not be processed.*** Completed forms and accompanying paperwork may be provided to your Novartis Representative. Please retain a copy of this form for your records.
5. Novartis may, at its sole discretion, withdraw grant funding or any portion of grant funding upon written notice to the Recipient.

Agreed and Accepted:

RECIPIENT

Signed: _____ Name: _____
 Authorized Institution Representative

Date: _____ Title: _____