



Medical Education Grant Request Application

Please complete and return the following form when submitting all Medical Education Grant Requests to grantrequests@keryx.com. Please attach a completed W-9 form to the completed request form. Feel free to attach any other supporting materials for the Grant Review Committee.

Contact Information		
Organization Name		
Is the organization a Non-Profit	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Contact Person		
Email		
Phone		
Event		
Name		
Type		
Date(s)		
Location		
Number of Attendees		
Background of Attendees		
Is this an Accredited CME Event?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will support be used to provide meals to physicians?	<input type="checkbox"/> Yes <small>(Keryx policy is not to provide support for meals)</small>	<input type="checkbox"/> No
Summary of project to be funded including goals and objectives.		
Provide a description of how the project will benefit patient care, knowledge, or other public health objectives.		



List any enduring education materials.		
List methods to assess success of goals and objectives.		
May a Keryx Medical Team Member be invited?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has then event been supported historically by Keryx?	<input type="checkbox"/> Yes, -if so, to what level? _____	<input type="checkbox"/> No
Funding		
Amount Requested		
Itemized budget and/or breakdown describing proposed use of grant funds.		
How will the support be used?		
Date by which financial support is required.		

Name	
Signature I confirm this medical education program is independent from Keryx influence, and the organization is responsible for selecting content, speakers, faculty, attendees, and logistical elements of the education program.	
Title	
Date	

