



Medical Education Grant Request Form

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. Grant requests will be notified within 30 days of submission. Please allow 90 days for receipt of financial support. 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 (Keryx policy is not to provide support for meals)	<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	