



## Sponsorship Request Form

Please complete and return the following form when submitting all Sponsorship Requests to [sponsorshiprequests@keryx.com](mailto:sponsorshiprequests@keryx.com). Please attach a completed W-9 form and event agenda and or invitation to the completed request form. Sponsorship 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 Sponsorship Review Committee.

<b>Contact Information</b>		
Organization Name		
Is the organization a Non-Profit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Contact Person		
Email		
Phone		
<b>Event</b>		
Name		
Type		
Date(s)		
Location		
Number of Attendees		
Background of Attendees		
Please provide a summary of the planned event/program or material being produced.		
What recognition will be provided for Keryx?		
Are there other sponsors being approached or confirmed?		
Has this event been supported historically by Keryx?	<input type="checkbox"/> Yes, -if so, to what level? _____	<input type="checkbox"/> No



<b>Funding</b>	
Amount Requested	
Please provide and itemized budget for event.	
Date by which financial support is required.	

<b>Name</b>	
<b>Signature</b> I confirm that this sponsorship request is not conditioned either expressly or implicitly on any agreement with any healthcare professional to prescribe, use, purchase, recommend or make favorable formulary recommendations concerning Keryx's product, or is not used to reward a healthcare professional for purchasing, prescribing or recommending any Keryx product.	
<b>Title</b>	
<b>Date</b>	