



GRANT REQUEST FORM

Please fax to Tami Danforth @ 949-461-6665 OR email to tami.danforth@valeant.com

Incomplete Grant Request Forms will not be reviewed.

Therapeutic Area Dermatology Neurology Other

APPLICANT INFORMATION

Name of Sponsoring Physician (if applicable)			
Requester's Name (First & Last & Title)			
Requester's street address			
City:	State:	Zip:	Country:
Email:	Fax:	Phone:	
Alternate Requester's(Optional) Name(First & Last)			
Alternate's street address			
City:	State:	Zip:	Country:
Email:	Fax:	Phone:	
Date of Application:			
Signature of applicant/requester:			

PROGRAM INFORMATION

Title of Program:	
Program (Check one box - Explain if marked "Other")	<input type="checkbox"/> CME <input type="checkbox"/> Sponsorships <input type="checkbox"/> Patient Advocacy/Consumer Ed. <input type="checkbox"/> Other <input type="checkbox"/> Grand Rounds <input type="checkbox"/> Roundtable
Program start date	
Program end date	
Attendees (patients, physicians, residents, etc)	
Location/venue	
Valeant Presence or Exhibit Requested? <input type="checkbox"/> Yes <input type="checkbox"/> No	Additional fee? <input type="checkbox"/> Yes <input type="checkbox"/> No Amount:
If YES, contact your sales rep	

COST/PAYMENT INFORMATION

Attach W-9 (party to whom check will be cut)	Special mailing instructions for check if appropriate
Payment information (Valeant follows W-9, complete only if check needs to go to another address)	C/O
Event budget total:	Address:
Grant Amount requested:	City:
	State: Zip: Country:

ACCREDITATION

Is Program Accredited? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Accrediting Provider Organization	
Accrediting Provider Contact Name	
Address	
City:	State: Zip: Country:
Email:	Fax: Phone:

Grant Recipients are required to submit an outcomes report that includes Valeant's tracking number within 60 days after the event

APPROVALS

(The following to be completed by Grant Committee)

Committee Approval:	<input type="checkbox"/> Date Approved: _____
Committee Denial:	<input type="checkbox"/> Date Denied/ Reason: _____

