

Requests for educational grants must be submitted at least 60 days prior to the start date of the program/event to ensure appropriate time for review.

Requests that are not received on or before the submission timelines will not be accepted. Incomplete Support Request Forms may result in your request being denied.



ANGIODYNAMICS SUPPORT REQUEST FORM

THIRD-PARTY EDUCATIONAL CONFERENCE AND PRODUCT DONATION FOR THIRD-PARTY EDUCATIONAL USE

AngioDynamics' Grant Review Committee will review requests for funding or product donations related to bona fide, independent, educational, scientific, and policy-making conferences that promote scientific knowledge, medical advancements, and the delivery of effective healthcare. Each request is assessed on its merits and its relation to AngioDynamics' values and goals. AngioDynamics is not permitted to donate products for educational conferences or programs organized by a healthcare institution that restricts attendance to its own healthcare professionals.

AngioDynamics will donate funds to conference planners to defray costs for attendees, to contribute to faculty expenses, to provide conference meals and refreshments, or for conference administration.

No AngioDynamics donation will be tied to the purchase, lease, recommendation, use, or arrangement for the purchase or lease of AngioDynamics' products. No AngioDynamics sales or marketing personnel will determine whether a request for funding or product donation is approved.

Please complete this form in its entirety. **Incomplete forms, including those with missing attachments, will not be considered.** All funding or product donation provided as a result of AngioDynamics' review process must be restricted to the stated applicant, the proposed objectives, and the use of the funding or product as stated on this form. AngioDynamics does not grant unrestricted funding. Any unused product remaining at the end of a program should be returned to AngioDynamics, unless other arrangements are mutually agreed upon.

I. General Information

Legal Name of Organization requesting funds/products:

Address:

Contact Person:

Title:

Phone Number:

Email:

Website:

Is the organization to receive funds/product a bona fide nonprofit or registered charity recognized by the applicable government tax authority?

Has the applicant requested/received funds/products from AngioDynamics before?

If known, check the relevant therapeutic or diagnostic area:

- Peripheral vascular Vascular access Oncology/surgery

II. Program/Event Information

A. Attachments

The following documentation must be included for the request to be considered:

- A written request letter from applicant (preferably signed and on applicant's letterhead).
- A preliminary copy of any program/event brochures, promotional materials, agenda, or related marketing and communication materials, as applicable.
- For funding requests, a detailed budget indicating how the requested funds will be utilized.
- For product donation requests, an outline of the proposed use of requested product.
- Information about Continuing Medical Education (CME) or equivalent accreditation, if applicable.
- The applicant's standard Letter of Agreement/Commercial Support Agreement (optional).
- W-9 Tax Form (US)/W-8BEN Tax Form (outside the US).

B. Purpose of Request

The requested funding will be used for (please check all that apply):

- Reducing conference costs for attendees
- Conference meals and refreshments
- Faculty expenses
- Conference administration

If other, please elaborate below:

C. Event Details

Program/event name:

Program/event location:

Program/event date:

CME provider name, if applicable:

Estimated number of attendees:

Who may attend the program/event and how were attendees recruited?

What is the educational goal of the program/event (include a description of the design, objectives, and anticipated outcome of the program/event)?

What is the planned number of speakers/faculty?

Briefly describe how program/event content will be controlled, including speaker presentations and selection, budget, and program planning:

For product donation requests:

How will the donation of AngioDynamics' product further the educational goal of the program/event?

Will the product be used in live patients or in demonstration models?

Will instructors or trainees use the products?

What patient benefit(s) will there be, now or in the future?

D. Funding Request

Amount of funding requested from AngioDynamics

Educational grant:

Other sponsorship:

Total:

Currency (e.g., USD, Euro, etc.):

Total amount of funding needed for the program/event:

Are other commercial sponsors being secured for the program/event?

E. Payment Information

Check (US only)

Check made payable to:

Mail check to:

Wire Transfer

Account Name:

Bank Location:

Account Number:

Bank Identifier Code (Swift Code):

Bank Name:

Routing Number (IBAN # or ABA #):

F. Product Request

What product(s) are you requesting from AngioDynamics (include product name, quantity, and product number, if known)?

G. Certification

AngioDynamics will not make an educational grant that implicitly or explicitly rewards a healthcare professional or customer for past or future purchases, uses, orders, or recommendations of AngioDynamics products. Any evidence that an educational grant is tied in any way to the past, present or future use, order, recommendation, or purchase of AngioDynamics' products will result in denial, and may exclude the applicant from consideration for future funding. By signing below the applicant understands, agrees and certifies:

1. All information provided on this Support Request Form is true and accurate to the best of the applicant's knowledge;
2. Applicant or AngioDynamics, including respective personnel, contractors or agents, have NOT stated or implied, explicitly or implicitly, that support is intended to provide prohibited remuneration or impose a requirement for the purchase, use, order or recommendation of AngioDynamics product.

If, for any reason, you find that you cannot complete this certification or if you have any questions regarding this certification, please contact AngioDynamics Grant Review Committee via email [\[\]@angiodynamics.com](mailto:[]@angiodynamics.com) to discuss your concerns.

Authorized Representative Signature

Print Name

Title

Date

Email

H. Submission

Please submit this completed form, attachments, and any questions to AngioDynamics' Grant Review Committee:

Email: medicalaffairs@angiodynamics.com and RMatreja@angiodynamics.com Phone: 781-929-1224