



**INDEPENDENT MEDICAL EDUCATION REQUEST FORM
ACCREDITED AND NON-ACCREDITED EDUCATIONAL ACTIVITIES**

Grant requests should be submitted to ChemoCentryx at least 60 days in advance of the scheduled event and must be on institutional letterhead accompanied by an IRS Form W9, proof of accreditation: (ACCME, ACPE or other) via certificate and a detailed budget and tentative agenda.

Note: Your application will be reviewed solely based on the scientific merit of the program. An educational grant will not be determined in a manner that takes into account the volume or value of any business otherwise generated with ChemoCentryx. In addition, an educational grant will not affect the purchase, use, recommending or arranging for the use of any ChemoCentryx product. Grant funds will not be issued to an individual. The grant and programs described herein should be for scientific and education purposes only and should not promote ChemoCentryx or its pharmaceutical products, directly or indirectly.

Requesting Institution:		Date Requested:	
Secondary Dept/Div: Street Address: City, State, Zip:			
Contact Name:			
Contact Telephone #:	Fax:	email:	
<input type="checkbox"/> This program is accredited; please send certificate(s). Choose: <input type="checkbox"/> ACCME <input type="checkbox"/> ACPE <input type="checkbox"/> Other (please specify)			
<input type="checkbox"/> This program is non-accredited. Please specify the purpose of the non-accredited activity: Click or tap here to enter text.			
Specify the title, date and location of the proposed event/program. Title: Date: Location:			
Specify target audience and indicate how the event/program will be advertised: Audience: Advertising:			
Describe educational need and objectives:			
Describe institution's educational or healthcare mission and purpose:			
Is the institution a 501 (c) 3 ("non-profit") organization? Yes: <input type="checkbox"/> No: <input type="checkbox"/> Institution's Tax ID Number:			
Is institution an accredited CME provider? Yes: <input type="checkbox"/> No: <input type="checkbox"/>			
Total cost of program: \$			
Amount of the request: \$			
Are you seeking financial support from other sponsors for the activity? Yes: <input type="checkbox"/> No: <input type="checkbox"/> If yes, please list any joint Sponsors:			
Anticipated number of attendees:			
Will there be any registration of fee charged for attendees? Yes: <input type="checkbox"/> No: <input type="checkbox"/> If yes, please specify the registration fee: \$			