

## Travel Grant Application



The purpose of this grant application is for medical societies, hospitals, conference organizers, research institutions, professional societies, foundations or similar Health Care Organizations (HCOs) to request financial support from Nevro to fund the related to Health Care Provider (HCP) participation at third-party organized educational events (“Educational Event”).

Nevro adheres to relevant industry codes which set strict, clear and transparent rules for our industry’s relationship with Healthcare Professionals (HCPs) and Healthcare Organizations (HCOs), including support to independent medical education via grants. Pursuant to these relevant codes, requests directly received from HCPs to support their own travel will be denied.

### Instructions – Please read before completing the form

- Grant applications must be submitted at least 30 days prior to the first event/activity taking place with all supporting documentation attached. Any application not complying with this timeline may be rejected.
- Please note there is no guarantee that all of the amount requested will be granted. Nevro may reject, approve in full or approve a lower amount at its absolute discretion.
- The completed and signed form including all required supporting documents must be submitted by e-mail to: [edgrants@nevro.com](mailto:edgrants@nevro.com)
- Grant applications must include the following supporting documents to be considered:
  - A copy of most up-to-date draft program, agenda or communication material related to the Educational Event
  - A draft budget outlining how the funds will be spent

## Travel Grant Application

Applicant Information	
<b>Full Name</b>	
<b>Operational Structure/Legal Status</b>	
<b>Tax ID</b>	
<b>Mission of organization</b> <small>(please provide a description of the organization's educational/scientific mission, field of activity, notable projects/co operations)</small>	
<b>Website</b>	
<b>Head of organization</b>	Full name: Position within organization:
<b>Contact person submitting the request</b>	Full name: Position within organization: Telephone number: Address:
<b>Head of organization</b>	Full name: Position within organization:

Grant Request Details	
Type of Grant <small>(please tick the box)</small>	<input type="checkbox"/> Support for HCPs Participation at Third Party Organized Educational Event (the "Educational Event")  <input type="checkbox"/> Support for the Educational Event
Therapeutic or diagnostic areas	
Country(s) for which the grant is intended	
Please provide a detailed description on how the grant will be used (e.g. number of HCPs to be supported, average amount proposed per HCP for flights (in EUR), average amount proposed per HCP for registration fees (in EUR) etc.) <ul style="list-style-type: none"> <li>Required supporting documentation: an overview of the budget</li> </ul> <i>Note: Generally, the grant must only cover the costs related to the organization of the Educational Event (e.g. the rent of the premises where the event is taking place) or the costs of registration, travel and accommodation of participating HCPs. The grant will not be provided to cover the costs linked to the organization of leisure/entertainment activities or for the invitation of spouses/partners of HCPs. In addition, no funding will be provided to cover ordinary operating and/or running costs of the organization and other budget items not directly linked to the education.</i>	
Amount of funding requested from Nevro	
Amount of external funding requested in total	

Percentage of overall budget sought from Nevro	
Details of personnel responsible for financial controls over grant funds (e.g. applicant's financial department, independent auditors etc.)	
Bank account details <i>(This must be an account in the name of the body making the application and not an individual)</i>	Bank name: Bank country: Account holder: IBAN number: BIC or SWIFT Code:

Educational Event Details	
Title of Event	
Dates	Start date (dd/mm/yyyy): End date (dd/mm/yyyy):
Location	City: State: Country:
Venue	Name: Address: Website:
Objective of the Educational Event: please provide a detailed description of scope, purpose and anticipated outcome of the program. <ul style="list-style-type: none"> <li>Required supporting documentation: most up-to-date program</li> </ul>	
Targeted audience by the Educational Event <i>(please tick the box)</i>	<input type="checkbox"/> Local <input type="checkbox"/> National <input type="checkbox"/> International
If based in Europe, has the Educational Event been submitted in EthicalMedtech Conference Vetting System?  <i>Note: More information on the system is available at <a href="http://www.ethicalmedtech.eu/">http://www.ethicalmedtech.eu/</a></i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
If "YES", please indicate the reason	<input type="checkbox"/> YES, the Event is compliant <input type="checkbox"/> YES, the assessment is still pending
If "NO", please indicate the reason	<input type="checkbox"/> The Event does not require approval of the Conference Vetting System as it does not fall under its scope (See scope at: <a href="http://www.ethicalmedtech.eu/conference-vetting-system/pilot-phase">http://www.ethicalmedtech.eu/conference-vetting-system/pilot-phase</a> ) <input type="checkbox"/> Other (please specify)...
HCPs Participation at the Educational Events	
Please describe the application procedure and criteria based on which the beneficiaries of the grant will be selected	



Please provide the name and/or position of the person who is responsible to select the HCPs to attend the Educational Events	
<b>Previous Grant Support</b>	
Has your organization already applied for or received funding from Nevro before?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If "YES", please indicate the amount, date and purpose of the requested/awarded grant?	
<b>Additional Comments or Remarks</b>	
<b>Supporting Documents</b>	
Please attach the following supporting documents to this form: <ul style="list-style-type: none"><li>• A copy of most up-to-date draft program, agenda or communication material related to the Educational Event</li><li>• A draft budget outlining how the funds will be spent</li></ul>	

I declare that:

This form was completed on behalf of the requesting organization;  
The information provided in this form and supporting documents is true and accurate;  
The grant request is not implicitly or explicitly linked in any way to past, present or potential future purchase, lease, recommendation, prescription, use, supply or procurement of the Company's products or services.

**Date**

\_\_\_\_\_

**Name**

\_\_\_\_\_

**Position**

\_\_\_\_\_

**Signature**

\_\_\_\_\_