



# THE MEDICINES COMPANY®

## Educational Grant/Sponsorship Request Form

(All Fields are required)

**IMPORTANT:** All requests must be submitted **at least eight (8) weeks prior to the event** to allow for review and must include the following completed documents for consideration: (1) **Educational Grant/Sponsorship Request Form**, (2) **Grant Agreement Form** (either CME or non-CME version, as applicable), (3) **W-9 Form**, (4) **Program Agenda** and (5) **Line Item Budget**. Incomplete requests will not be considered.

Amount Requested	(US \$)
Program Title	
Program Description & Learning Objectives	
CME Event?	<input type="checkbox"/> yes <input type="checkbox"/> no
Date of Program	
Program Location	
Name(s) of Speakers	
Payee Name Tax ID#	(Legal Name) (Required)
Address	
City, State & Zip	
Contact Information regarding this request	(Name, phone number and e-mail)
<input type="checkbox"/> I certify that this grant has not been solicited by a MDCO Sales Representative	

Please remit all requests as follows: by email to: [Educational.Grants@themedco.com](mailto:Educational.Grants@themedco.com)

or

by fax to: 862-207-6137

or

by mail to: **Grants Department**  
**The Medicines Company**  
**8 Sylvan Way**  
**Parsippany, NJ 07054**  
**973-290-6000**

\*All requests shall be reviewed by The Medicines Company for consideration of funds. Under no circumstances is The Medicines Company guaranteeing and/or obligated to fulfill the above request.