

NXSTAGE EDUCATIONAL GRANT REQUEST FORM

Please provide all information and send this form and required attachments to Kristen Sheppard / Legal Department via fax to 978- 687 -4805 or via email to ksheppard@nxstage.com . A formal notification of the status of your request will be sent to you once a decision is reached. If your request is approved, the Legal Department will provide you with an educational grant agreement for execution. If you have any questions about the NxStage Educational Grant Program or your request, please call Kristen Sheppard at 978 -332 -5923 . Please note that NxStage will not consider incomplete grant requests.

Requestor Information

Name of Educational Sponsor Requesting Funding	
Request Date	
Amount Requested	
Type of Educational Sponsor (check all that apply)	<input type="checkbox"/> Accredited Medical Education Provider <input type="checkbox"/> Hospital, Community Health Center, or Similar Facility <input type="checkbox"/> Medical or Other Professional Association <input type="checkbox"/> Other (describe)
Educational Sponsor Tax ID Number	
National Provider ID Number	
Checks Payable To	
Name of Principal Contact at Educational Sponsor	
Contact Phone Number	
Contact Fax Number	
Contact E-mail Address	

Educational Activity Information

Title of Education Activity	
Event Start Date	
Event End Date	
Type of Educational Activity (check one)	<input checked="" type="checkbox"/> X Professional, Medical or Other Educational Conference <input type="checkbox"/> Patient or Community Public Education <input type="checkbox"/> Scholarship for Third Party Educational Conference <input type="checkbox"/> Fellowship or Other Support for Medical Education

Please attach each of the following: (Required)



- 1) Description of Educational Activity;
- 2) Size and make-up of intended audience for the proposed Educational Activity (required unless Educational Activity is Fellowship or Other Support for Medical Education);
- 3) Agenda, location, and date(s) of the proposed Educational Activity;
- 4) Detailed budget showing how the Educational Grant, if approved, would be spent; and,
- 5) Evidence of accreditation of Educational Activity (required unless Educational Activity is Patient and Community Public Education).

Other Support:

- 1) Has Sponsor previously received an Educational Grant from NxStage? YES NO
- 2) Will Sponsor seek or receive support for the current educational activity from any other source? YES NO

If YES to either of the questions above, please provide the amount of support and a description of each educational activity funded:

- 3) Is Sponsor affiliated with NxStage? YES NO

If YES, please explain: _____

- 4) Does the proposed Educational Activity involve the discussion of a Nxtm-product?

Requestor Certification

In making this request I certify that: (1) all information provided on this form and attachments is accurate and complete; (2) I have all requisite institutional authority to submit this Educational Grant request and to arrange for performance of the indicated educational activities; (3) the attached budget reflects fair-market value for the items and services described, does not include funds to compensate for any activities other than those described in the grant request, and does not include funds for items or services which are part of generally-accepted patient care; 4) no part of any item or service described in the attached budget will be billed to a federal healthcare program or any third-party payer or individual; and (5) I understand that consideration of this Educational Grant request is not conditioned on prescribing, purchasing, or recommending products or services of NxStage.

Signature: _____ Date: _____

Print Name: _____ Title: _____