

The following information is **REQUIRED** to process your application. Please complete all application contents below.

Requests must be submitted to grants@establishmentlabs.com a minimum of 30 days prior to scheduled educational activity to allow a Research and Development, and Health Care Compliance review.

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Grant Application Checklist

ONLY COMPLETE APPLICATIONS WILL BE REVIEWED. SUBMISSION OF A REQUEST DOES NOT CONSTITUTE A GUARANTEE OF FUNDING. A COMPLETE APPLICATION CONSISTS OF THE FOLLOWING:

SIGNED LETTER OF AGREEMENT FOR EDUCATIONAL GRANT FUNDING AND COMPLETED GRANT REQUEST APPLICATION FORM

DETAILED PROGRAM BUDGET

PROGRAM AGENDA / BROCHURE

INSTITUTION WHERE THE PAYMENT SHOULD BE MADE.

Part I: Letter of Agreement for Educational Grant Funding

You must agree to the following terms and conditions to eligible for support:

Terms and Conditions

Statement of Purpose

The proposed support is for educational purposes only and not for promotion of Establishment Labs products directly or indirectly.

Control of Content and Selection of Presenters and Moderators

The educational provider ("Provider") is responsible for control of content and selection of presenters and moderators. Establishment Labs agrees not to direct the content of the program. Establishment Labs will respond only to Provider-initiated request for suggestion of presenters or sources of possible presenters. Provider will record the role of Establishment Labs, or its agents, in suggesting presenter(s), will seek suggestions from other sources and will make selection of presenter(s) based on fair balance and independence.

Selection of Audience

Provider is responsible for selection of the audience for the program and Establishment Labs agrees not to direct selection of the audience for the program.

Disclosures

Provider will ensure appropriate disclosure to the audience, at the time of the program, of (a) Establishment Labs support, (b) any significant relationship between Provider and Establishment Labs (e.g., grant recipient) or between individual speakers or moderators and Establishment Labs, and (c) any relevant conflicts of interests between any parties involved in the program.

Ancillary Promotional Activities

There will be no promotional activities permitted in the same room or obligate path as Provider's activity and no product advertisements will be permitted in the program room.

Objectivity and Balance

Provider will make every effort to ensure that data regarding Establishment Labs products or competing products are selected objectively and presented with favorable and unfavorable information and balanced discussion of prevailing information on the product(s) and/or alternative treatments. And, Provider will ensure that the activity is focused on educational content and is free from influence or bias and that the title of the activity will fairly and accurately represent the scope of the presentation. Further, if a discussion of Establishment Labs products is a substantial portion of the program, such discussion shall be limited to relevant regulatory agency-approved uses of such products.

Limitations of Data

Provider will ensure, to the extent possible, meaningful disclosure of limitations of data; e.g., ongoing research, interim analyses, preliminary data, or unsupported opinion.

Part I: Letter of Agreement for Educational Grant Funding

Opportunities for Discussion

Provider will ensure that opportunity exists during the program for meaningful opportunities for questioning the scientific debate if applicable.

Dissemination of Information

Establishment Labs will not disseminate information supporting its products which may have been presented at the educational activity, other than in response to an unsolicited request.

Independence of Sponsor in the Use of Contributed Funds

Provider agrees that:

1. Support will be in the form of an educational grant that will be payable to or provided directly to Provider.
2. All other support associated with the program (e.g., distributing brochures, preparing slides, etc.) must be given with the full knowledge of the Provider.
3. No other support from Establishment Labs will be paid to the program director, faculty or others involved in the program (additional honoraria, extra social events, etc.).
4. When required by the local applicable law, Establishment Labs will report indirect payments or other transfers of value made to a continuing education organization for a continuing education program provided to physicians. While Establishment Labs remains committed to providing grants to support educational activities and programs that help healthcare professionals enhance the care of their patients, funding will be granted on the condition that it will not be used for physician faculty honoraria or the provision of meals to physician attendees.

Provider agrees:

1. To use the funds as stated in this educational grant request. Should Provider decide not to use the funds in the manner agreed upon, Provider will indicate so in writing and return the funds.
2. To provide access to documentation that indicates the use of the funds, should Establishment Labs decide to include Provider in the scope of an audit.
3. That funding of this grant is in no way contingent upon or related to past, present or future business, payments or referrals for products or services.
4. If this is a product grant, it is understood and agreed that we will not bill third-party payers for product provided as part of this educational grant.
5. That full amount of grant may not be awarded and will accept partial funding.

Disclosure Pursuant to Laws:

The Parties acknowledge that certain laws now or in the future may require medical device companies to disclose information on compensation, gifts or other remuneration provided to physicians and other healthcare professionals. Establishment Labs may report information about remuneration provided under this Agreement, as required by law. Once reported, such information may be publicly accessible.

Requesting Organization:

Authorized Signer: Signature:

Print:

Date:

Part II: Grant Request Application

Grant Requestor Information

Today's Date

Institution/Organization

Institution/Organization Address

Contact Name and Title

Contact Phone

Contact Email

Payee Name

Payee Mailing Address

Product Delivery Address
(if applicable)

Summary of Grant Request Activity

Title of Proposed Activity

Activity Start Date

Activity End Date

Location of Activity
(City, Country, Venue)

Program Description
(include learning objectives, attached
additional pages, if necessary)

Describe the need for this activity
(attach additional pages, if necessary)

Target Audience

Number of Attendees or Participants

Anticipated

List of Potential Presenters

Therapeutic Areas to be Discussed

Are you requesting Establishment Labs to be the sole supporter of this activity? Yes
No

If you answered no to the above question, please specify additional sources of support.

If relying on additional support, please clarify status of additional support (i.e., Confirmed, Pending confirmation, etc.)

Are you requesting a grant on behalf of government institution? Yes,
No
(if Yes, list institution)

Has additional request for exhibit/booth space been submitted? Yes, Amount: FMV:
(if Yes, specify amount that will go towards exhibit/booth and FMV for the use of the exhibit/booth) No

Select Currency:

Financial Request Information

Type	Quantity	Cost
Total Project Cost		
Financial request from Establishment Labs		
Product request from Establishment Labs		

Requesting organization certifies that the statements herein are true, complete, and accurate to the best of the requesting organization's knowledge.

Authorized Signee: Signature:

Print:

Date: