

GRANT & DONATION REQUEST FORM

GENERAL INFORMATION
ORGANIZATION/REQUESTER:
ADDRESS:
PHONE NUMBER:
CONTACT NAME AND TITLE:
PHONE NUMBER:
EMAIL:
WEBSITE:
TAX ID NUMBER:
THERAPEUTIC/DIAGNOSTIC AREA:
EVENT DETAILS
PROGRAM/EVENT NAME:
PROGRAM/EVENT LOCATION (please indicate in-person, virtual, or hybrid):
PROGRAM/EVENT DATE:
INTENDED AUDIENCE AND ESTIMATED NUMBER OF ATTENDEES:
EDUCATION GOAL OF PROGRAM/EVENT (include event description, objectives, and anticipated outcomes):
REQUESTED SUPPORT
FINANCIAL SUPPORT:
PRODUCT SUPPORT (include product name, quantity, and product number, if known)*:
*How will the equipment be used? (Required): Dry Demo ☐ Animal ☐ Live Case/Human Clinical ☐
PLEASE COMPLETE THE FOLLOWING WHEN REQUESTING PRODUCT SUPPORT
PRODUCT DELIVER BY DATE (if needed prior to program/event date):

PENTAX Europe GmbH
Julius-Vosseler-Straße 104
22527 Hamburg
Germany
T: +49 40 561 92 0
F: +49 40 56 192 247



WILL PRODUCT SET-UP OR PRODUCT USE ASSISTANCE BE AVAILABLE ON-SITE?
WILL INSTRUCTOR OR TRAINEES BE UTILIZING PRODUCTS?
HOW WILL PRODUCTS FURTHER PROGRAM/EVENT GOALS?
SHIPPING/RECEIVING CONTACT NAME, TITLE, AND TELEPHONE NUMBER (pre- and post-program/event):
SHIPPING ADDRESS (if different):
SUBMISSION
SUBMIT COMPLETED REQUEST FORM AND SUPPORTING DOCUMENTS TO: compliance.emea@pentaxmedical.com Supporting documentation may include, but is not limited to: -Copy of the event's agenda -Copy of the event's schedule -Copy of the event's budget -Any other information regarding the event including flyers, promotional materials, etc. if available