

Bayer Healthcare Educational Grants

Primary Requestor Information

Bayer will only fund eligible recipients, i.e. - no funding to private practice groups, individuals, etc. Incomplete applications may result in significant delays in processing your request.

Requesting Institution/Organization

Enter full name, no abbreviations, and include details such as the chapter when applicable

Acme Medical Education Professionals Inc.

Primary Requestor Prefix

(Mr., Mrs., Ms., etc.)

Mr.

Primary Requestor First Name

John

Primary Requestor Last Name

Doe

Department/Building/Suite

Example: "Dept. of Physics; Building 405"

Development Office

Address (no P.O. boxes)

Example: 123 Main Street

1 Main St.

City

Norwalk

State

Connecticut

Zip/Postal Code

12345

Phone

Example: (xxx) xxx-xxxx

123-123-1234

Fax

E-mail

richard.earls.b@bayer.COM

Website URL

web address of the organization

Organization Type

Accredited Medical Education Company

Primary Requestor Alternate Address Information (fill in only if different than above)

Address

Enter Dept/Building/Suite; street Address

City

State

Zip/Postal Code

Phone

Example: (xxx) xxx-xxxx

Fax

Example: (xxx) xxx-xxxx

Proposal Information

Requested Amount:

Total funding sought from Bayer for Program/Project. **Example: \$10,000 - round to the nearest dollar**

10000

Project/Event Budget

Total funding sought for Program/Project including Bayer and all other sources. **Example: \$10,000 - round to the nearest dollar**

10000

Project/Event Start Date

Six week lead time is required for requests to be considered

January 10, 2008

Project/Event Title

Advanced Course of MR Mammography and Principles of MR Mammography

Brief Description of Project/Event

You will be asked to upload a detailed description of your project on the last page of this application

Annually, CT area groups sponsor a conference that provides ongoing education for NPs of the areas. Sessions address adult, women's, acute care, psychiatric and geriatric care issues. We will have presenters on imaging as well as other

Primary Geographical Area Served by this request

Connecticut

If a region is selected above (i.e. - Northeast, South west, etc.), list all states served by this project/event

Example: Maine, New York, Vermont, West Virginia, Minnesota

Audience Group

select up to four groups served by this request

Radiology Technician
Nurse Practitioner

If you selected 'Other' in Audience Group, describe below

Size of Audience

Enter the total number of persons expected to attend the event(s)

250

Measurable Outcome

Describe the measurable outcomes you expect to result from your organization's program/activities to be funded by this grant

better care in the associated hospitals

Education Program Type

Accredited

Program Series

Single

If you selected 'Multiple' in Program Series, enter the number of programs/events

Enter the Location, Date, and Estimated Budget for each program/event

example: Boston MA, 30-Oct-2007, \$4000; Chicago IL, 5-Nov-2007, \$5000; Los Angeles CA, 10-Nov-2007, \$4000

Norwalk CT, 10-Jan-2008, \$10000

Therapeutic Area

Choose one therapeutic area most closely associated with this grant proposal

Diagnostic Imaging

If you selected 'Other' in Therapeutic Area, please describe

Organization Tax ID

This is necessary to process payment if your grant request is approved

123-12345

Attachments

Title	File Name
Program Budget	Budget.xls
Program	Program.pdf