**LivaNova Sponsorship Request Application Form**

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|  **Instructions – Please read before completing the form*** This form is to be completed and submitted in relation to Commercial Sponsorship requests.
* Requests for non-commercial activities, such as Educational Grants or Research Grants, must be submitted via the LivaNova Donations and Grants website <http://www.livanova.com/about-us/our-ethics/donations-and-grants>.
* Please note there is no guarantee that the amount requested will be granted. LivaNova may reject, approve in full or approve a lower amount at its absolute discretion..
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| **1. Applicant Information** |
| Completed By*(please tick the box)* | ☐ Third-Party Organization☐ LivaNova (*if LivaNova, proceed to Section 2*)  |
| Organization Name  |  |
| Operational structure/Legal status |  |
| Tax ID |  |
| Address |  |
| Website |  |
| Contact person submitting the request | Full name:Position within organization:Telephone number:Email Address:Address: |
| **2. Sponsorship Request Details**  |
| LivaNova Business Area*(please tick the box)* | ☐ Neuromodulation / VNS☐ Cardiovascular/ Cardiopulmonary☐ Other |
| Type of Event*(please tick the box)* | ☐ Patient Education Event☐ Physician Educational Event ☐ Fundraising Event |
| Type of Sponsorship*(please tick all that apply)* | ☐ Booth / Table☐ Advertisement ☐ Sponsorship level (gold, silver, bronze, etc)☐ Satellite Symposium ☐ Meal / Refreshments |
| Name of Event |  |
| Date of Event |  |
| Requested Sponsor Level Amount |  |
| Event Venue |  |
| Estimated # of Attendees at the Event |  |
| Where applicable, has the Event been approved under the relevant Conference Vetting System (CVS)?*(please tick the box)*(*Note: CVS approval is required for events conducted in the MedTech Europe and MecoMed geographic areas*) | ☐ Yes ☐ No |
| **3. Supporting Documents** |
| Please attach the following supporting documents to this form:* Official sponsorship request letter or Sponsorship file
* Event agenda
* Sponsorship level details
* W-9 where applicable
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I declare that:

* This form was completed on behalf of the requesting organization;
* The information provided in this form and supporting documents is true and accurate;
* The sponsorship request is not implicitly or explicitly linked in any way to past, present or potential future purchase, lease, recommendation, prescription, use, supply or procurement of LivaNova’s products or services;
* In line with the applicable industry ethical codes of conduct, all elements of the event are compliant:
* **Program** must be rigorous and scientific with no significant gaps that would permit or encourage attendees to engage in non-scientific/ educational activities. No entertainment will be included in the program.
* **Location** should not be the main attraction of the conference. It should be in or near a city or town which is a scientific or business center conducive to exchange of ideas and the transmission of knowledge. Consider time of year for the geographic location.
* **Venue.** LivaNova only supports events held at compliant venues such as business or commercial centers with conference facilities conductive to the exchange of scientific and medical information and the transmission of knowledge. The image of the location among the public, media and authorities cannot be perceived as purely luxury, touristic/holiday and/or entertainment venue. No resorts, cruise ships, casinos, golf club etc.
* **Hospitality** must be modest and limited to reasonable hotel accommodation and meals, coffee breaks, and a conference dinner or cocktail reception to which all delegates are expected to attend.
* **Registration Packages** should cover only the scientific program, authorized activities and hospitality. Delegate’s guests must not be included.
* **Advertising**(brochures, website and other materials) should highlight the scientific nature of the program content. It should not emphasize the geographic location or make excessive or inappropriate references to or contain images of entertainment, sporting events or non-scientific activities.

**Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**