

[Insert Company Name and/or Logo]

Form	
Title:	HCP Attendance at Third Party Conferences or Product Training Meetings (Sponsorships)
Purpose:	Use this form to request approval of HCP sponsorships to third party educational events or product training meetings
Effective Date:	[Enter date]

Note: External Sponsorships are **not** permitted in all countries, for example in the United States, Puerto Rico, Korea, Japan, New Zealand and Australia.

Third party event or product training information			
Event name		Event dates	
Event location & venue		Meeting room costs (if applicable)	
Detailed description of event (attach agenda if available)			
Attendee information			
HCP attendees	List name and employer of HCP attendees: <ul style="list-style-type: none"> • HCP Name and Country of Residence • HCP Name and Country of Residence (Press the Enter key on your keyboard to add more lines)		
Travel expenses			
Total HCP estimated travel costs	<ul style="list-style-type: none"> • Airfare: • Train fare: 	Total HCP actual travel costs	<ul style="list-style-type: none"> • Airfare: • Train fare:
HCP travel class (if not economy/coach class)	For HCPs who are not traveling economy/coach, indicate HCP name and reason for travel class selected: <ul style="list-style-type: none"> • Name, reason • Name, reason • (Press the Enter key on your keyboard to add more lines) 		
Accommodations (if applicable)			
Hotel name and		Star rating	

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location			
Total estimated hotel costs		Total actual hotel costs	
Reason for hotel selection			

Meals			
Total estimated meal costs	<ul style="list-style-type: none"> • Number of meals per event • Price per meal 	Total actual meal costs	<ul style="list-style-type: none"> • Number of meals per event • Price per meal

Other Costs			
Total estimated costs		Total actual costs	

Approval process			
<ul style="list-style-type: none"> • Please send this form completed to [enter applicable role]. 			

Additional documentation			
<ul style="list-style-type: none"> • Include program details or agenda, employer notifications or approvals, receipts, etc. 			

Certification			
I confirm that the information provided is true and complete to the best of my knowledge after reasonable investigation.			
Signature:		Date:	