

Educational Grant

Contact Information

1. First Name
2. Last Name
3. Job Title
4. Title
5. Degree
6. Email Address
7. Primary Phone Number
8. Secondary Phone Number
9. Organization Street Address
10. Department, Floor, Suite or Room
11. Organization's City
12. Organization's State
13. Organization's Province
14. Organization's Postal Code
15. Organization's Country

Organization Information

1. Organization Name (Legal Name)
2. Organization Type
3. Primary Organization Focus
4. Tax ID number
5. Is your organization part of a larger parent organization?
6. If Yes, please include Parent Company Tax ID
7. Is your organization accredited?
8. If Yes, please select appropriate accreditation:
9. If your organization is not accredited, please describe your organization's qualifications to provide the proposed educational activities.
10. Is your organization a government entity, political party or fully or partially owned by a government entity?
11. If Yes, please state the name of the government entity and describe your organization's relationship with it.
12. Are you or one of your parent or sister organizations involved in developing or executing any of Bausch & Lomb's promotional programs?
13. If Yes, please describe your organization's firewall policy separating promotional programs from your educational programs.
14. Is your organization now or has it ever been convicted of any crimes or excluded from participation in government funded healthcare programs?
15. If Yes, please provide details as to the nature and reason for the criminal conviction and/or exclusion and your organization's current status.
16. To the best of your knowledge, has your organization ever received any grant or charitable contribution from Bausch & Lomb during the past five years?
17. If Yes, please provide the dates, locations and descriptions of the grants or charitable contributions and the amount of Bausch & Lomb funding for each.
18. Are you now, or have you ever been, a consultant for, or employee of, any medical device or pharmaceutical company?
19. If Yes, please list the names of each company and the dates that you were affiliated with them.
20. Are you currently receiving or seeking financial support from any governmental or other commercial organization for this Educational Grant?

21. If Yes, please list these governmental and commercial organizations.

Education Activity Information

1. Provide a brief description of the education activity for which the educational grant will be used.
2. Start Date of Educational Activity
3. End Date of Educational Activity
4. Location
5. Attendees
6. Subject matter
7. Educational objectives
8. Minimum Funding Range
9. Maximum Funding Range
10. Please provide any additional information regarding your requested funding range.
11. The requested Educational Grant is not intended as a price term or in place of a price concession. (You are confirming that your Educational Grant request is not linked to pricing for any Bausch & Lomb products.)
12. The requested Educational Research Grant is not contingent on the purchase of any Bausch & Lomb products and is not intended to encourage the recipient to purchase or recommend Bausch & Lomb products.
13. To the best of my knowledge, the information contained in this form is true and this is a legitimate request for an Educational Grant.
14. By clicking "I Acknowledge" below, I confirm my understanding that should an educational grant be awarded, I will be required to execute a contract with Bausch & Lomb.