

Education Request Details

Save Draft **Mark Complete** Close

- Please complete all required fields.
- You can save as a draft and return later to complete by clicking "Save Draft" at the bottom of the page.
- When you are ready to submit this step, please click the blue "Save" button at the bottom of the page.

For **CHANGES REQUESTED**: scroll down to the bottom of the form to view the comments.

Primary Contact Information *申請はすべて英語でのご入力となります

Primary Contact First Name *

名

Primary Contact Last Name *

姓

Primary Contact Title *

タイトル

Phone Number (country code, area code & extension) *

お電話番号

Fax Number (country code, area code & extension)

Email Address *

Institution /Organization Information

Entity Name *

ご施設名

Entity Country *

Japan

Address 1 *

ご施設住所

Address 2 (Building, Floor, Suite #, etc.)

City *

町

Province *

県

Postal or Zip Code *

郵便番号

VAT No / TAX ID/Business ID *

こちらは日本国内の消費税をご記載ください。

Accreditation Status *

- Accredited 学会などの専門組織によって認可されている教育機関またはグループが「Accreditation Status」とされます。
- Non Accredited その場合はAccreditedとご選択ください。

Institution Type *

Joint Sponsor *

- Yes
- No 共同スポンサーがない場合は「No」をご選択ください

Summary of Funding Request

Area of Focus *

- Pharmaceuticals
- Renal Care
- Advanced Surgery
- Acute Therapies
- Nutrition
- Medication Delivery
- Front Line Care
- Care Solutions

Primary Point of Contact at Baxter

「Sr. Director Medical Affairs, Japan & ANZ, Kuljinder Singh」とご記載ください。

Title of Proposed Activity *

Activity Type *

Activity Description *

Activity Start Date *

Activity End Date *

Decision Needed By

Location of Activity *

Please include name of venue (if applicable), city, state/province, country. If online, please enter online into the text box.

Type of Support *

Funding Details

Total Program Budget (US Dollars) *

\$ 必要経費を日本円から米ドルにご換算頂きご記載ください。

Financial Support Requested from Baxter (US Dollars) *

\$ 当社から支給希望の助成金が当該イベント収入の50%を超えないこととさせていただきます。参照1：日本公正取引協会 index.php (iyakuhin-koutorikyo.org)

Program Description (include learning objectives): *

Attach Additional Pages, if Necessary (MS Word format only)

Select a file

Describe the Need for This Activity *

申請理由をご記載ください。

Are you requesting Baxter to be the sole supporter of this activity? *

Have you received financial support from Baxter in the last two years? *

If this Funding request is Approved, to what Institution should the award be made payable? *

Full Institution Name

Attachment Section

Cover Letter Funding request on Institution/Organization Letterhead

Select a file カバーレター：資金調達に関する申請書 *ご施設の書式

Detailed Activity Budget (MS Word, Excel formats only) *

Select a file

Current W-FBEN/OUS Statement (outside US request) *

PDF is required

Select a file

[Download OUS Statement](#) 重要！直筆にてご記載の上PDFにてアップロードください

Attestation

INSTITUTION attests on behalf of itself and the APPLICANT that as of the date of submission of this application that no adverse action by the U.S. federal government or any competent authority has occurred or is pending or threatened that will exclude or debar, or may result in the exclusion or debarment of, any such person or any of such person's employees or agents performing hereunder from a federal or other healthcare program. INSTITUTION and the APPLICANT further attest that in the event such INSTITUTION or APPLICANT becomes excluded or debarred from a federal or other healthcare program, any such party shall notify BAXTER of the exclusion immediately.

必ずお読みください。同意いただける場合は、チェックボックスにチェックを入れていただき「Mark Complete」にお進みください

The Institution has read, agrees and attests to all of the terms set forth in this application.

*Changes requested in the field below are to be completed by Baxter following application review

Changes Requested



Save Draft **Mark Complete** Close

こちらMake Completeボタンを押された後に

Application in Progress

When every step in this submission is complete, the "Submit" button to the right will become green and clickable.

The submission is not fully submitted until you click the green "Submit" button. Once you click "Submit" the submission will no longer be editable.

Submit ボタンを押すことで提出されたことを確認する確認メールがMediSpend システムから申請者に送信されます

以下のような確認メールが届きます

Thank you for your submission to Baxter's Independent Medical Education External Funding Program. You will receive additional communications once your application has been reviewed. If you have any questions in the interim, please contact external_funding@baxter.com.

Education Request Details

Best Regards,
Baxter External Funding Team

Application in Progress

Thank you for submitting.

Your submission is now under review and you will be contacted if any additional information is needed.

こちらのViewボタンからご申請内容をご確認できます。

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View