

Organization

Organization Legal Name :

Tax ID # :

Tax Status :

Contact Name :

Contact Email Address :

Organization Type :

Overview

Application Type :

Abbreviated Grant Application Title :

Full Grant Application Title :

Organization Mission Statement :

Therapeutic Area :

Program Description :

Is your organization affiliated with an employer group, health plan, pharmacy benefit manager, retail pharmacy, hospital, or any other organizations that purchase products, directly or indirectly, from Ironwood; receive rebates or pricing discounts from Ironwood; and/or manage a formulary that contains Ironwood Products?

List of Organization Board of Directors and Executive Officers

Does your organization have any Ironwood employees active in the organization?

If Yes, please list their names and their degree/level of involvement :

Sponsorship Details

Sponsorship Type :

Sponsorship Tier :

Are there other Sponsorship tiers available? :

If Yes, please describe :

Budget Detail

Total amount of Program

Total Amount Requested from Ironwood

Is this event multi-sponsored?

If yes, please list all other potential sponsors:

Please disclose any legal, financial, business or other relationship between Ironwood and your organization.

To the best of my knowledge this application is accurate Should Ironwood agree to fund my request. I agree to use my funding as specified in my request. In addition, I will not use any funds from Ironwood to pay for entertainment, gifts or content development. Should any changes to this program.

I understand that Ironwood does not support continuing education programs (including CME, CE or CEU) in the other request section of the grant management section. All continuing education request must be submitted through the medical education Sub-System.

All programs and/or activities funded through the industry support office are independent of the influence and control of Ironwood.

I will not assume approval of funding until the Ironwood industry office has formally notified me that my request has been approved. Submission of this request must be reviewed and approved by Ironwood Industry support and review committee.

Should Ironwood fund my request, I may be requested to reconcile the program after takes place. Failure to comply within 60 days of the programs end date, will result in my inability to submit a new request.

Program Detail		
Program Format		
Geographic Reach		
Venue Name	City	
State	Zip Code	
Start Date	End Date	
Attendee Group	If other, please describe	# of Attendees

Payee Information

* Checks Payable To:

* Attention:

* Payment Address Line 1:

Payment Address Line 2:

Payment Address Line 3:

* Payment Address City:

* Payment Address State:

* Payment Address Zip Code:

* Phone

Fax

* Email

Submission Instructions:

Please attach the following documents, and any additional documents in the email with your application to grants@ironwoodpharma.com:

- Program Agenda
- Sample Business Reply
- Card Sample Invite
- Prospectus
- Organization's signed W-9 form
- IRS Letter of Determination