



Grant Request

Please submit completed request via email to: grants@insmed.com

Date:

Name:

Position/Title:

Affiliation OR Institution:

Address:

Country:

Phone:

E-mail:

Type of Grant:

Educational Grant (non-CME)

Medical Education (CME)

Corporate Sponsorship

Charitable Contribution

Other

Amount Requested:

Requested Currency:

Program/Event Date:

Title of Program/Event:

Target Audience:

Estimated # of attendees:

Description of Program/Event:

Other companies supporting
the program/event:

ATTACHMENTS

Course outline, agenda, and/or brochure

Complete W-9 form

Proof of non-profit status, if applicable

Letter from provider certifying accreditation, if applicable

Itemized budget

Other

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