Travel Grant Application

The purpose of this grant application is for (1) medical societies, hospitals, conference organizers, research institutions, professional societies, foundations or similar Health Care Organizations (HCOs) to request financial support from Nevro to support the costs of attendance by a non-U.S. Health Care Provider (HCP) participation; or (2) from a medical school, teaching hospital or conference organizer to request financial support from Nevro to fund the costs of attendance by a healthcare provider-in-training (e.g., medical student, resident, fellow) at a third- party organized educational event ("Educational Event").

Nevro adheres to relevant industry codes which set strict, clear and transparent rules for our industry's relationship with Healthcare Professionals (HCPs) and Healthcare Organizations (HCOs), including support to independent medical education via grants. Pursuant to these relevant codes, requests directly received from HCPs to support their own travel will be denied. Travel grant applications must be submitted and signed by authorized representatives of a medical organization or other entity and must not identify the proposed individual recipients by name or other personally-identifiable information or they will be denied.

Instructions – Please read before completing the form

- Grant applications must be submitted at least 30 days prior to the first event/activity taking place with all supporting documentation attached. Any application not complying with this timeline may be rejected.
- Requests which identify or are submitted by the proposed recipient(s) will be denied.
- The maximum amount that may be awarded is US$1,500. Please note there is no guarantee that all of the amount requested will be granted. Nevro may reject, approve in full or approve a lower amount at its absolute discretion.
- The completed and signed form including all required supporting documents must be submitted by e-mail to: edgrants@nevro.com
- Grant applications must include the following supporting documents to be considered:
    - A copy of most up-to-date draft program, agenda or communication material related to the Educational Event
    - A draft budget outlining how the funds will be spent

Part I: EU Third Party Grant Application

Applicant Information	
Full Name of Organization	
Operational Structure/Legal Status	
Tax ID	
Mission of organization (please provide a description of the organization's educational/scientific mission, field of activity, notable projects/co operations)	
Website	
Head of organization	Full name: Position within organization:
Contact person submitting the request	Full name: Position within organization: Telephone number: Address:

Grant Request Details	
Type of Grant *(please tick the box)*	☐ Travel grant to support one or more non-U.S. HCPs Participation at Third Party Organized Educational Event (the "Educational Event") ☐ Support for the Educational Event that will be used to defray costs for HCPs-in-training
Therapeutic or diagnostic areas	
Country(s) for which the grant is intended	
Please provide a detailed description on how the grant will be used (e.g. number of HCPs to be supported, average amount proposed per HCP for flights (in EUR), average amount proposed per HCP for registration fees (in EUR) etc.) • Required supporting documentation: an overview of the budget	
Amount of funding requested from Nevro (not to exceed US $1,500.00	
Amount of external funding requested in total	

Percentage of overall budget sought from Nevro	
Details of personnel responsible for financial controls over grant funds (e.g. applicant's financial department, independent auditors etc.)	
Bank account details *(This must be an account in the name of the body making the application and not an individual)*	Bank name: Bank country: Account holder: IBAN number: BIC or SWIFT Code:

Educational Event Details	
Title of Educational Event	
Dates	Start date (dd/mm/yyyy): End date (dd/mm/yyyy):
Location	City: State: Country:
Venue	Name: Address: Website:
Objective of the Educational Event: please provide a detailed description of scope, purpose and anticipated outcome of the program. • Required supporting documentation: most up-to-date program	
Targeted audience by the Educational Event *(please tick the box)*	☐ Local ☐ National ☐ International
If based in Europe, has the Educational Event been submitted in MedTech Conference Vetting System? *Note:* *More information on the system is available at* [*http://www.ethicalmedtech.eu/*](http://www.ethicalmedtech.eu/)	☐ YES ☐ NO
If "YES", please indicate the reason	☐ YES, the Educational Event is compliant ☐ YES, the assessment is still pending
If "NO", please indicate the reason	☐ The Educational Event does not require approval of the Conference Vetting System as it does not fall under its scope (See scope at: http://www.ethicalmedtech.eu/conference-vetting-system/pilot-phase) ☐ Other (please specify)...
HCPs Participation at the Educational Event	
Please describe the application procedure and criteria based on which the beneficiaries of the grant will be selected	

Please provide the name and/or position of the person who is responsible to select the HCPs to attend the Educational Events	
Previous Grant Support	
Has your organization already applied for or received funding from Nevro before?	☐ YES ☐ NO
If "YES", please indicate the amount, date and purpose of the requested/awarded grant?	
Additional Comments or Remarks	
Supporting Documents	
Please attach the following supporting documents to this form: • A copy of most up-to-date draft program, agenda or communication material related to the Educational Event • A draft budget outlining how the funds will be spent	

I declare that:

- This form was completed on behalf of the requesting organization;
- The information provided in this form and supporting documents is true and accurate; and
- The grant request is not implicitly or explicitly linked in any way to past, present or potential future purchase, lease, recommendation, prescription, use, supply or procurement of Nevro's products or services.

_____

Date

_____

Name

_____

Position/Title

_____

Signature