

Sponsorship Application Form

Your time in filling out all fields before submitting your application is greatly appreciated.

Deadline for Decision

___/___/___ (YYYY/MM/DD)

Full name of organization

English

French

Type of organization

- Patient Group/Health Charity
- Life Sciences/Health Sciences
- Health Care Professionals
- Academic
- Business Organization
- Private Sector
- Other, specify _____

What type of funding are you seeking?

- Program Funding
- Event Funding
- Other Funding, Specify _____

Amount requested

Main context of the funding (how would Innovative Medicines Canada's dollars be used?)

- Program costs/infrastructure (office space and furniture, website, database, phone line, etc)
- Educational materials
- Promotional materials (conference programs, brochures)
- Logistics (A/V, meeting costs)
- Research
- Speakers/ Expert resources
- Other, please specify... _____

Have Innovative Medicines Canada or the Health Research Foundation (HRF) provided funding for your organization in the past 3 years?

- Yes
- No

If the answer is yes, please provide the following details:

Name of project funded, year of funding, amount funded, and source of funding (Innovative Medicines Canada or HRF).

Have any other pharmaceutical companies/sponsors/media partners/organizations been approached?

NOTE: To the greatest extent practicable, applicants should seek diverse sources of funding so that the association is not the exclusive funder of an organization or initiative.

- Yes
- No

If you answered yes to the question above, please specify below.

List sponsors as follows: Organization Name - Confirmed or Tentative - \$ Amount

Project Details

Project Title

Project Start Date DD/MM/YYYY

Project End Date DD/MM/YYYY

Project Scope Provincial/Regional
 National
 International

City

Province AB
 BC
 MB
 NB
 NL
 NT
 NS
 NU
 ON
 PE
 QC
 SK
 YK
 Other
 Does not apply

Project Website English

Project Website French

Event Twitter Handle (/ or #)

Project Description

What are the objectives of your project?

Which one of the following association Strategic Priorities does your project align with?

- Become an authentic, solution-driven partner through effective alliances, policy and leadership.
- Improve the access and regulatory environment in Canada.
- Advocate for a globally competitive Intellectual Property (IP) regime.

Explain how the event or project addresses the key strategic priorities of the association.

Can the association be helpful by providing:

- Speaker
- Panelist
- Workshop
- Content
- Other, please specify... _____
- Not applicable

Are event tickets provided?

If yes, please specify number of tickets.

- Yes _____
- No

Please provide additional details

Are tables provided?

If yes, please provide number of tables/seats.

- Yes _____
- No

Please provide additional details

Who is your target audience? (Check all that apply)

- Academia
- Business and economic community
- Disease-specific community/ Special interest
- Families and children
- General public
- Health care practitioners
- Health care professional associations
- Patient groups
- Pharmacists
- Private drug payers
- Regional and/or National health authorities
- Researchers
- Other, please specify... _____

How will the event/project be communicated and promoted to your target audience? (Check all that apply)

- Email
- Newsletter

- Online ads
- Print ads
- Radio
- Social media
- Television
- Website
- Other, please specify... _____

Expected participation / attendance / viewing numbers:

Will the association be recognized as a sponsor in any ongoing media promotion?

- Yes
- No

Media promotion details

What are the details of ongoing media promotion as a result of this activity?

Provide a description of your organization

(mission, membership, types of activities you undertake)

Contact person for this request

Prefix (Mr., Mrs., Dr., etc.)

First Name	<input type="text"/>
Last Name	<input type="text"/>
Title	<input type="text"/>
Telephone	<input type="text"/>
E-mail	<input type="text"/>

Organization CEO or President contact information

CEO Prefix (Mr., Mrs., Dr., etc.)	<input type="text"/>
CEO First Name	<input type="text"/>
CEO Last Name	<input type="text"/>
CEO Title	<input type="text"/>
CEO Telephone	<input type="text"/>
CEO E-mail	<input type="text"/>

Organization Information

Address	<input type="text"/>
City	<input type="text"/>
Province	<input type="text"/>
Postal Code	<input type="text"/>
Telephone	<input type="text"/>
Fax	<input type="text"/>

E-mail

Website English

Website French

Twitter

Facebook

Communication Authorization

The contact person for this request, named above, consents to receiving information from Innovative Medicines Canada for the purposes of receiving general news, requests for information, invitations to meetings, invitations to upcoming events, requests for proposals, advocacy-related news, and fundraising requests.

- Yes
- No

In submitting this application, I authorize Innovative Medicines Canada to share the information contained within the application with the association membership for the purpose of the application review process.

