

AbbVie Funding Application Form for individuals to support attendance at an educational event

Primary Contact Information

Name:

Position Title:

Phone Number:

Mobile Number:

Email Address:

Organisation Details

Primary Business Address:

Street:

Postcode:

City:

State:

Country:

I certify I have received my employer's approval, including any private and/or public employers, I to request and receive funding from a pharmaceutical manufacturer

Please indicate your consent to the collection of this information
by us by ticking this box:

Not Applicable (my employer does not require this approval):

Please attach a supporting request letter on your Organisation letterhead to the email

Funding Request Information

AbbVie may support travel, accommodation, and registration fees for the requesting HCP or Health Consumer Organisation members to educational events that support scientific, medical knowledge and understanding, and where the educational event aligns directly to the requestor's area of expertise.

Educational Event Name:

Date of Event:

Please attach a copy of the agenda or include link here:

Please identify which area you are applying for (only the following options are available):

Description of how the educational event is directly related to your area of expertise:

Description of how the educational event will benefit your ongoing education to benefit patients:

Description of how you will share the knowledge gained with your peers:

Please indicate what expenses from this list you will require us to manage on your behalf.

Flight	Yes	No
Accommodation	Yes	No
Registration Fees	Yes	No

Please indicate fees:

NB: AbbVie books all flights and accommodation directly and will not reimburse the recipient for these expenses.

Have you received support and/or plan to receive support from other sponsors, or directly from your employer for this event?

Yes No

If yes, please list sponsors or sources who have provided funding:

Statement

Do you agree to provide a report to AbbVie on the outcome of targets or goals upon the conclusion of the funding support, if approved:

Yes

No

On completion of this form, please send it to

ANZHCPFunding@abbvie.com

Please note: AbbVie is not able to provide funding for incidentals and expenses of a guest, family member, or a companion, will not be supported.

Any personal information provided to or collected by AbbVie Pty Ltd will be used for the purpose of providing you with information about AbbVie product, services, therapeutic areas, events and other information connected to AbbVie, to respond to requests by you, and as otherwise specified in our Privacy Policy located at www.abbvie.com.au/privacy.html. If you chose not to provide us with your personal information, AbbVie may not be able to provide you with information and/or access to services that may be of most relevance to or interest to you. AbbVie may share your personal information with AbbVie's group companies and with selected third party service providers (who may be located overseas) or as required by law. Please see our Privacy Policy for details on how we handle personal information. You may request access to or correction to personal information held by us about you or complain about a breach of the Australian Privacy Principles by contacting us at PrivacyofficeANZ@abbvie.com.