



Grant Request Form
Exhibits and Educational Events

Requestor Information

Name of Event:

Name of Requestor:

Respicardia Contact:

Organization/Hospital Affiliation:

Email Address:

Phone Number:

Date Submitted:

Date of Event:

If this is an exhibit request, has your manager approved?

Amount is under \$1,000

Amount Requesting:

Event Information

Describe the purpose of the grant.

Please state how the funds will be used.

State how the grant relates to Respicardia therapies or products.

Agenda relates to (please select all that apply):

CSA

Sleep Apnea

Heart Failure

Atrial Fibrillation

Neurostimulation

Please submit completed form and any additional documentation to res_grants@zoll.com.

Date Paid: _____

Signature: _____