

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

Primary Contact Information

Name:

Position Title:

Therapeutic Area/Specialty of Practice:

Qualifications:

Phone Number:

Mobile Number:

Business Email Address:

Organisation Details

Institution name:

Department:

APHRA/registration number:

Primary Business Address:

Street:

Postcode:

City:

State:

Country:

I certify by ticking the box that where applicable I have received my employer's approval (including any private and/or public employers) to request and receive funding from a pharmaceutical company. By ticking the box below you are also providing your consent to the collection of your information for the administration of your request.

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):

Immunology (Gastroenterology, Rheumatology, Dermatology, Ophthalmology)

Oncology (Haematology, Blood Cancer, Brain Cancer, Rare Cancer)

Virology (Hepatitis C)

Neurology (Parkinson's Disease)

Urology/Oncology (Prostate Cancer)

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:

Funding Requested

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 and pays all registration fees 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

Please provide details of other sources where funding has been sought/provided in relation to this event:

Statement

If approved do you agree to provide a report to AbbVie on the outcome of the funding support?

Yes

No

On completion of this form, please save & send 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.

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 choose 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.