



Eisai Inc.

Medical Education (ME)

Information Needed for Your Application

Dear Applicant:

Thank you for your interest in Eisai's Medical Education (ME) program. To assist you with preparing your ME application, we have prepared a list of information that you should have ready when you complete the online application.

Therapeutic Area

Please be sure to select the correct therapeutic area as follows:

Critical Care/Institutional Care – includes the following disease states:

Post-Operative Nausea and Vomiting (PONV)

Sedation

Venous Thromboembolism (VTE)

Neurology – includes the following disease states:

Dementia

Oncology – includes the following disease states:

Acute Myeloid Leukemia (AML)

Breast Cancer

Cervical Dysplasia

Chemotherapy-Induced Nausea and Vomiting (CINV)

Chemotherapy-Induced Neuropathy

Chemotherapy/Radiation Sensitizers

Cutaneous T-Cell Lymphoma (CTCL)

Epigenetics

Glioblastoma/Glioma

Hormone-Refractory Prostate Cancer

Human Papillomavirus (HPV)

Hypomethylating Agents

Immunotherapeutics

Mucositis

Myelodysplastic Syndromes (MDS)

Thrombocytopenia



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Participating Organizations

Please list all organizations participating in the development, planning, accreditation (if applicable) or execution of this grant program.

- Organization Name
- Organization Type (e.g. Requesting Organization, Accredited Provider, Third Party Vendor or Requesting Organization & Accredited Provider)
- Payee (only one organization can be the Payee)
- Payee Tax ID
- Tax Status (e.g. Profit, Non Profit)
- Accrediting Council (if applicable)
- Address
- Phone
- Fax
- Contact Name
- Contact Email

Program Overview

Program and Learning Objectives - List the major educational objectives that the program is specifically designed to accomplish including information on the disease state, current practices if applicable, information evidencing any unmet need and providing substantiation for proposed educational objectives and needs, including relevant literature and other support, such as evidence-based medicine, practice guidelines and data, etc.

Disclosure of Eisai Support - Eisai support of the program must be clearly acknowledged and disclosed to all participants in all grant activities and materials. Any portion of the grant intended to pay for promotional exhibit space will be denied.

Speakers

Speakers - Please provide the requested information for all Speakers receiving payments under this grant. Eisai defines the term Speaker to mean any:



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- Organization or institution that pays speakers on our behalf (such as for educational grants and patient outreach or education programs)
- Member of the medical, dental, pharmacy and nursing professions (including physicians, psychiatrists, psychologists, pharmacists, investigators, academic consultants and their associated healthcare professionals such as physician assistants, nurse practitioners and nurses) and their support staff (such as site coordinators, administrative assistants, etc.)
- Formulary decision maker and other individual not employed by Eisai who is in a position to influence the ordering, prescribing, purchase, use or recommendation of an Eisai product
- Any other similar individual customers and contractors of Eisai

Please include the following information for each speaker:

- First Name
- Last Name
- Suffix
- Type (e.g. Speaker, Program Chair, Faculty, Author, Planner, and Other)
- Affiliated Organization
- Present Position
- Expertise (List the qualifications which support the selection of this individual as a speaker)

Grant Activities

An activity sheet must be completed for each separate activity (i.e. Symposium and Enduring Materials if they are not directly related or if there are multiple venues for a symposium)

Activity Budget - Total budget required to fully execute the activity. This does not depend on funding sources. A detailed budget should be completed within the “Financial” tab of the online application.



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Activity Requested Funding (Eisai) - Total funds requested from Eisai to support the execution of the activity

- Start Date
- End Date
- Title
- Description
- Country
- City
- State
- Learning Objectives
- Agenda
- Educational Credits
- Estimated # of Attendees/Viewers
- Other Sources of Funding
- Target Audience (e.g. Pharmacists, Nurses, Physicians, Physician Assistants, Primary Care Providers, etc.)
- Methods of Evaluation - Describe the method(s) that will be used to evaluate the program, including details on pre-, during, and post-evaluations.
- Methods of Advertisement - Describe the method(s) you intend to use to advertise the program and include preliminary examples of all materials.

Financial Information (Detailed Program Budget)

Please provide a detailed budget for the entire program, to include:

- Management Fees, which include the following items (where applicable):
 - o Program Development
 - o Multimedia Development
 - o On Site Content Project Mgmt.
 - o On Site Editorial Services
 - o Logistic Management Fee
 - o Writing/Editorial/Literature Review
 - o Other



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- General Direct Program Expenses, which include the following items (where applicable):
 - Accreditation Fee
 - Association Fee
 - Program Materials
 - Meeting Room
 - Audio/Visual
 - Printed Materials/CDs
 - Web Hostings/Development
 - Other
- Staff Expenses, which include the following items (where applicable):
 - Staff Travel
 - Staff Lodging
 - Staff Ground Transfers
 - Other
- Speaker Expenses, which include the following items (where applicable):
 - Speaker Travel
 - Speaker Hotel
 - Speaker Ground Transfers
 - Honoraria
 - Other
- Attendee Expenses, which include the following items (where applicable):
 - Attendee Breakfast
 - Attendee Lunch
 - Attendee Dinner
 - Attendee Breaks
 - Other

Required Documents

The following document must be completed and posted under the “Attachments” section of the application:

- **Cover Letter** - Please attach a signed cover letter (on institutional letterhead) that states to whom the funds are to be paid. The letter must include the program/activity title and



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date, amount requested from Eisai and authorized signature. Additional supporting documentation may also be attached under this section.

Additional documentation that supports your application may also be posted under “Attachments”.

TO ACCESS THE ME HOME PAGE, GO TO
<http://www.eisaigrants.com/cme.html>
(Be sure to bookmark this page under your browser
“Favorites”)

If you have any questions, please contact:

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