

## GRANT / SPONSORSHIP REQUEST FORM

Once completed, please send this form to [grantcommittee@theratech.com](mailto:grantcommittee@theratech.com)

Include all relevant documents

Date of request

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Requester (full name)

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Requesting Institution /  
Organization

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Partner (if applicable)

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Project description supporting  
grant request

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Check payable to  
(full address)

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Tax ID Number

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Name of Event

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Date Event Begins

Date Event  
Ends

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Address 1

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Address 2

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City

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State

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Zip Code

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Country

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Currency

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Amount requested

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Request type  
(sponsorship or grant)

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