

MEDICAL EDUCATION GRANT REQUEST FORM

This Grant Request Form must be completed independently, signed and submitted with the required documentation by the Requestor to Atara Medical Affairs for consideration. Incomplete information will result in review delay. Atara does not solicit, suggest or recommend grant requests. With the exception of requests for proposals authorized by the Atara Grant Review Committee, requests otherwise influenced by Atara Personnel will be rejected. All fields are required.

REQUESTOR CONTACT INFORMATION			
Organization Name:			
Organization Address:			
Organization Website:			
Contact Name and Title:			
Contact Phone / Fax:			
Contact Email:			
MEDICAL EDUCATION GRANT REQUEST			
Amount Requested:		Date Needed:	
<i>Note: Grant requests must be submitted a minimum of 60 days in advance of program start date.</i>			
Has Requestor previously received funding from Atara?		<input type="checkbox"/> No	<input type="checkbox"/> Yes
MEDICAL EDUCATION PROGRAM INFORMATION			
Program Title:			
Program Date(s):			
Program Venue/Location:			
Program Description and Objectives:			
Target Audience:			
Anticipated Attendance:			
Content Delivery:	<input type="checkbox"/> Live Presentation <input type="checkbox"/> Enduring Material <input type="checkbox"/> Online Resources		
CME Accreditation:	<input type="checkbox"/> No <input type="checkbox"/> Yes Accrediting Provider:		
Exhibit Opportunity:	<input type="checkbox"/> No <input type="checkbox"/> Yes		
Supporting Documentation Attached:	<input type="checkbox"/> Program Description on Organization Letterhead (required) <input type="checkbox"/> Program Itemized Budget (required)		

Submit completed Medical Education Grant Request Form and required documentation to grantrequests@atarabio.com

Version dated July 23, 2020

<input type="checkbox"/> Program Agenda <input type="checkbox"/> Needs Assessment	
REQUESTOR PAYMENT INFORMATION	
<i>The following information is required to process all payments and may be submitted with this Form or separately, upon notification of grant request approval.</i>	
U.S. Entities	<input type="checkbox"/> IRS W-9 Form <input type="checkbox"/> Tax Certificate or 501(c)(3) Letter, if applicable
	Wire Payment Instructions (bank, address, account, routing, contact info):
Ex-U.S. Entities	<input type="checkbox"/> IRS W-8BEN Form
	Wire Payment Instructions (bank, address/Swift code, account, contact info):
ACKNOWLEDGMENTS AND SIGNATURE	
<p>Atara Biotherapeutics (“Atara”) is committed to compliance with all applicable country and local pharmaceutical industry laws, regulations and guidelines. By submitting this Form, Requestor represents their commitment to act in accordance with the above in the event that the request is approved.</p> <p>Submission of this Grant Request Form and supporting documentation does not constitute nor represent a funding commitment by Atara. Funding decisions are subject to approval by the Company’s internal review committee, which may approve or decline a request in its sole and absolute discretion. Atara reserves the right to award less than the amount requested based on program merit, business objectives, and budgetary constraints. If, for any reason, the program does not occur, or the awarded funds prove to be in excess of the estimated program costs, the unused portion of the funding shall be returned to the Company. Atara will not provide supplemental funding retrospectively to cover program expense overages.</p> <p>Requestor represents and warrants that this request is unrelated to the future purchase, use or recommendation of Atara products or services. In addition, Requestor acknowledges that their organization will maintain control over the educational program at all times and that Atara may not influence program content or the selection of speakers or attendees, where applicable.</p> <p>I hereby further certify that the information provided in this Grant Request Form is accurate, and that I have the authority to submit this request on behalf of the organization requesting funding.</p>	
Signature:	Date:
Print/Type Name:	

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Atara Grant Review Committee Use Only	
Grant Review Committee Administrator:	
Grant Review Committee Action: <input type="checkbox"/> Approved at _____ <input type="checkbox"/> Not Approved	
Signature:	Date:

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