

EXHIBIT A: MICROVENTION CHINA EXTERNAL FUNDING APPLICATION FORM

附件 A: MICROVENTION 中国对外资助申请表

Instructions: This Application Form is for **Educational Grants, Research Grants, and Charitable Contributions/Donations**, and NOT for Commercial Sponsorships. Applications must be received at least **sixty (60) days** prior to the event occurring for consideration. Also, please note that your application must be submitted with all required documents (see the “Required Documentation” section of this form). **Incomplete applications and/or missing or incomplete required documents will cause delays and may result in a denial of your application. MicroVention is now doing business as Terumo Neuro. (“Terumo Neuro”)**

说明: 本申请表适用于**教育资助、研究资助及慈善捐款/捐赠**, 不适用于商业赞助。申请必须在活动发生前至少**六十 (60) 天**收到, 以供考虑。此外, 请注意, 您的申请必须与所有所需的文件一起提交 (参见本表的“所需文档”部分)。**申请不完整和/或所需文件缺少或不完整将导致延迟, 并可能导致您的申请被拒绝。**

Applications are accepted throughout the year. Please submit your application by email to:

公司全年接受申请。请通过电子邮件将申请提交至:

GrantCommittee.China@microvention.com

For any questions, please contact:

如有任何疑问, 请联系:

GrantCommittee.China@microvention.com

A reference number will be assigned to each application and should be referenced in any interaction related to the application.

每项申请将被分配一个参考编号, 且应在与申请相关的任何互动中引用该编号。

In the event of any discrepancies between the English version and the Chinese translation of this Application Form, the English version shall prevail.

本申请表的英文版本与中文译本如有歧义, 概以英文版本为准。

I. REQUESTING ORGANIZATION INFORMATION 申请组织相关信息

General Information 一般信息

Date 日期: ____/____/____ Name of Organization/Institution 组织名称: _____

Organization Contact 组织联系人: _____ Title 职务: _____

Address 地址: _____

City 市: _____ Province 省: _____

Country 国家: _____ ZIP 邮政编码: _____

Telephone Number 电话号码: _____

Email Address 电子邮件地址: _____

Website 网站: _____

China Unified Social Credit Code (USCC) 中国社会统一信用代码: _____

Year of Establishment 成立年份: _____ Organization Type 组织类型: _____

Annual Operation Budget 年度运营预算: _____

Do you have a Board of Directors 申请组织是否存在董事会 (Y/N)? _____

If yes, please provide a list of all Members of the Board of Directors (names and titles).

如果是, 请提供所有董事会成员名单 (姓名和职务)。

Additional Questions 具体问题

1. Is the requesting organization comprised entirely of, owned by, or controlled by Health Care Professionals (“HCPs”)? 申请组织是否完全由医疗卫生专业人士 (“HCPs”) 组成、由其拥有或控制? (Y/N) _____
2. Is the requesting organization a Health Care Organization (“HCO”) or a physician’s practice? 申请组织是否为医疗卫生组织 (“HCO”) 或医生执业机构? (Y/N) _____
3. Is a Terumo Neuro employee on the Board of Directors of the requesting organization Terumo Neuro? 员工是否是申请组织的董事会成员? (Y/N) _____
4. Does a Terumo Neuro employee have a controlling position in the requesting organization Terumo Neuro? 员工是否在申请组织中拥有控制地位? (Y/N) _____
5. Is the requesting organization a customer of Terumo Neuro (e.g., can it purchase, prescribe, or influence the use of any Terumo Neuro products)? 申请组织是否为 Terumo Neuro 的客户 (例如, 能否购买、指定使用或影响任何 Terumo Neuro 产品的使用)? (Y/N) _____
6. Is the requesting organization a government entity? 申请组织是否为政府实体? (Y/N) _____
7. Are any of the requesting organization’s owners, officers, directors, or managers (current or former) a Government Official (“GO”) or a Family Member of a GO? 申请组织的所有者、高级职员、董事或经理 (现任或前任) 是否为政府官员 (“GO”) 或政府官员的家庭成员? (Y/N) _____
8. Do any of the requesting organization’s owners, officers, directors, or managers (current or former) have a business relationship with a GO or a government entity that has decision-making authority or official influence over Terumo Neuro’s business activities? 申请组织的所有者、高级职员、董事或经理 (现任或前任) 是否与政府官员或对 Terumo Neuro 的业务活动具有决策权或官方影响力的政府实体有业务关系? (Y/N) _____
9. To your knowledge, are there any actual or potential conflicts of interest between the requesting organization and Terumo Neuro (e.g., are any representatives of the requesting organization related to a Terumo Neuro employee)? 据您所知, 申请组织与 Terumo Neuro 之间是否存在任何实际或潜在的利益冲突 (例如, 申请组织的代表是否与 Terumo Neuro 员工有亲属关系)? (Y/N) _____
10. Within the past five years, has the requesting organization, or any of its owners, officers, directors, employees, or sub-contractors, been the subject of any government investigation or proceeding involving fraud or corruption (e.g., bribery, money laundering, or other corrupt practices)? 在过去 5 年中, 申请组织或其任何所有者、高级职员、董事、员工或分包商是否曾是涉及欺诈或腐败的任何政府调查或法律程序 (例如, 贿赂、洗钱或其他腐败行为) 的对象? (Y/N) _____

If you answered “Yes” to 9 and/or 10 above, please explain the potential conflict and/or the government investigation/proceeding 如果您对上述 9 和/或 10 回答“是”，请解释潜在的利益冲突和/或政府调查/法律程序：
_____.

Parent Organization Information 上级组织信息

Is the requesting organization part of a larger organization 申请组织是否隶属于某一上级组织 (Y/N)? _____

If yes, please provide the following information 如果是，请提供以下信息：

Parent Organization Legal Name 上级组织法定名称：

Parent Organization Address 上级组织地址：

City 市：_____ State/Province 州/省：_____

Country 国家：_____ ZIP 邮政编码：_____

Parent Organization USCC (for PRC entities) 上级组织社会统一信用代码（适用于中国实体）：

Parent Organization Chapter/Branch/Department 上级组织分公司/分支/部门：

Prior Funding 过往资助

Has the requesting organization ever received funding from Terumo Neuro?

申请组织是否曾从 Terumo Neuro 获得过资助？ (Y/N) _____

If yes, please provide the following information 如果是，请提供以下信息：

Year when funding was provided 提供资助的年份：_____

Amount of previous funding (indicate currency) 过往资助金额（注明货币）：_____

Type of previous funding 过往资助类型：

Additional Information 其他信息

Has the requesting organization discussed this request with any Terumo Neuro employees?

申请组织是否与任何 Terumo Neuro 员工讨论过此申请？ (Y/N) _____

Has anyone from Terumo Neuro assisted with preparing this request?

Terumo Neuro 的任何人是否协助准备了此申请？ (Y/N) _____

Has a Terumo Neuro employee promised support to the organization requesting it?

Terumo Neuro 员工是否承诺过支持申请组织？ (Y/N) _____

II. EDUCATIONAL GRANTS 教育资助

Instructions: This section applies to Educational Grants only; please do NOT complete this section if you are not applying. **说明：**本章节仅适用于教育资助，如果您不申请教育资助，请不要填写本章节。

Program Information 项目信息

Name of program/initiative for which support is requested 申请支持的项目/计划名称	
Program Description (please also provide a detailed agenda) 项目描述（另请提供详细议程）	
Therapeutic Area 治疗领域	
Needs Assessment 需求评估	
Program Goals 项目目标	
Proposed Outcome 拟议产出	
Methods for Measuring Success 衡量成功的方法	
Total Amount of Funding Requested 申请资助总额	(indicate currency)（注明货币）
Total Budget for Program/Initiative 项目/计划的总预算	(indicate currency)（注明货币）
Please indicate how the program will further its educational objectives 请说明该项目将如何进一步实现其教育目标	

List other current sources of funding 列明其他现有的资助来源	
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Program Activities and Delivery Format 项目活动和交付形式

Instructions: Under this section, you are required to provide a general description of the activities that are part of the program (i.e., live or web program), including those for which Terumo Neuro's support is sought and the delivery format (e.g., live case, didactic session, hands-on workshop, etc.).

说明: 在本部分，您需要提供属于项目（即现场或网络项目）活动的一般描述，包括寻求 Terumo Neuro 资助的活动，以及交付形式（例如现场案例、实战课程、实践研讨会等）。

Delivery Format Type 交付形式类型	
Delivery Format 交付形式	
Number of Speakers/Faculty 讲者/教职员人数	
Activity Start and End Date 活动起止日期	
Web URL (optional) 网址（可选）	
Geographic Reach 地理范围	
Audience Generation Tactics 受众 生成策略	
Audience Group & Anticipated Number of Attendees for Each Group 受众分组及每一分组的预计参与 人数	
Specialty 专业	

VII. CERTIFICATIONS 保证

Please read the following certifications carefully. You must certify the following before you can submit your request to Terumo Neuro for consideration. By signing this Application Form, you acknowledge that the following statements are true and correct.

请仔细阅读以下保证。在向 Terumo Neuro提交您的申请以供考虑之前，您必须保证以下内容。签署此申请表，即表示您确认以下陈述真实无误。

You certify that you are authorized to submit an application for financial support from Terumo Neuro and provide information in an application on behalf of the requesting organization and any partner organization(s), and you affirm that all responses and information provided in this application are truthful, accurate, and complete.

请您保证，您被授权提交Terumo Neuro的财务支持申请，并代表申请组织和任何合作伙伴组织在申请中提供信息，且您确认本申请中提供的所有回复和信息是真实、准确和完整的。

You certify that Terumo Neuro has had no involvement in the creation or development of this project or the completion of this Application Form.

请您保证，Terumo Neuro未参与本项目的创建或开发或此申请表的填写。

You certify that, if approved, the source of all support from Terumo Neuro must be disclosed in all publications and presentations.

请您保证，如果获得批准，Terumo Neuro的所有支持来源必须在所有出版物和演示文稿中披露。

You certify that neither this request nor the requested funding is conditioned on, related to, or intended as an inducement or reward for (a) any pre-existing or future business relationship with Terumo Neuro or (b) any business or other decision relating to Terumo Neuro or its products (including regulatory approval, coverage and pricing determinations, tenders, or formulary status decisions).

请您保证，此申请或申请的资助均不是以下事项的条件、与以下事项相关或意图作为以下事项的诱因或奖励：（a）与 Terumo Neuro 的任何已有或未来的业务关系；或（b）与 Terumo Neuro或其产品相关的任何业务或其他决定（包括监管审批、覆盖范围和定价决定、投标或处方状态决定）。

(For Research Grants only) You certify that all materials submitted are non-confidential (regardless of any markings on the documents, including, but not limited to, confidentiality, privilege, trademark, or copyright). By submitting your materials to Terumo Neuro for review, you expressly consent to the circulation, distribution, and use of the documents and information by Terumo Neuro as Terumo Neuro, in its sole discretion, deems reasonable and appropriate, including, but not limited to, in considering the request for financial support.

（仅适用于研究资助）请您保证，提交的所有材料均为非保密材料（无论文件上是否有任何标记，包括但不限于保密、特权、商标或版权）。将您的材料提交给 Terumo Neuro 进行审查，即表示您明确同意 Terumo Neuro 作为 Terumo Neuro进行其认为合理和适当的文档和信息的流通、分发和使用，包括但不限于在考虑财务支持申请时。



Please note, if the grant request is approved, you will be required to sign a contract that includes additional terms and conditions as they relate to the execution of the request consistent with all applicable law and Terumo Neuro policy.

请注意，如果资助申请获得批准，您将需要签署一份合同，其中包含与执行该申请相关的、符合所有适用法律和 Terumo Neuro政策的其他条款和条件。

Name (Please print) 姓名（请印刷体书写）

Title 职务

Authorized Signature 授权签名

Date 日期

Organization Name 组织名称

Date 日期