

Dermira Sponsorship Application

A completed Sponsorship Application must be submitted to apply.sponsorships@dermira.com at least **90 days** prior to the event date along with the following **required** documentation:

- **W-9 Form** of the requesting organization
- **Letter of Request** (Description of the sponsorship on the requesting organization’s letterhead which describes the initiative and includes the amount of support sought)
- **Event Agenda** (Draft agenda sufficient if final not available)
- **Additional Event Materials** (e.g. Prospectus, Faculty List, Event Brochures, etc.)

Requestor Information	
Date of Request	
Name of Requesting Organization	
Mailing Address Address, City, State, Zip Code	
Primary Contact Person’s Name, Title, and Direct Phone Number	
Secondary Contact Person’s Name, Title, and Phone Number (if applicable)	
Email Address	
Website	
Tax-ID #	
Total Amount Requested from Dermira	
Event Information	
Date of Event	
Name of Event	
Location/Address	
Target Audience	
# of HCP Attendees: <ul style="list-style-type: none"> • Projected for current year • Prior year actual 	
Description of Event	



Dermira, Inc. is committed to compliance with all applicable international, federal and state pharmaceutical industry laws, regulations, and industry guidelines. By submitting this sponsorship request, the requesting institution represents that it is committed to act in accordance with the above in the event Dermira, Inc. decides to fund the requested sponsorship. Also, by signing below, I certify that the funding decision of this requested sponsorship will not affect and is not linked to the prescribing, formulary, purchasing, or reimbursement policies of the requesting organization.

I hereby certify that the information provided in this application is complete and correct, and I agree to act in accordance with the Compliance Commitment outlined herein.

Requestor	
Signature	Date