

Date:	Company:
Product:	Preferred Provider(s):
Do you currently have a business relationship with the preferred provider? <input type="checkbox"/> Yes / <input type="checkbox"/> No	
If yes, please provide an explanation:	
<b>General Information</b>	
<b>Industry Representative Contact Information:</b>	
Last Name: _____	First Name: _____ M.I.: _____
Title: _____	Department: _____
Address: _____	
Phone: _____	Fax: _____ E-Mail: _____
<b>Additional Member Contact Information:</b>	
Last Name: _____	First Name: _____ M.I.: _____
Title: _____	Department: _____
Address: _____	
Phone: _____	Fax: _____ E-Mail: _____
<b>Product or Services Information</b>	
Provide a summary of your product or service. What are the benefits of utilizing your product or service?	
* You must also attach product brochure to application	

Activity Information	
Subject Title:	
Proposed Presenter/Speaker:	
Please attach documents and/or identify sources that were the basis of your analysis of current practice and best practice so they can be accessed if this activity is audited.	
Resource 1:	
Resource 2:	
Educational Design / Format	
This educational activity has been designed as a:	<input type="checkbox"/> Lecture / Didactic Session <input type="checkbox"/> Internet Activity Enduring Material <input type="checkbox"/> Enduring Material <input type="checkbox"/> Committee Learning <input type="checkbox"/> Performance Improvement <input type="checkbox"/> Panel Discussion <input type="checkbox"/> M & M <input type="checkbox"/> Small Group Discussion <input type="checkbox"/> Case Conference
<b>IMPORTANT!</b> Provide a rationale for the selection of the educational design(s) you have chosen for this activity:	
Did a provider initiate the meeting? <input type="checkbox"/> Yes / <input type="checkbox"/> No      If yes, who? _____  <p style="text-align: center;"><i><b>If lunch is being provided, an educational agenda is required with the application</b></i></p>	
Standards of Commercial Support	
Please list any obligations that the sponsor requires to meet regulatory compliance.	
Printed Name:	
Signature of Requestor:	Date:
FOR OFFICE USE ONLY	
Approval Signature: _____	Date: _____
Upon Completion, please submit your application to: <b>The CORE Institute</b> Attn: Quality Department 18444 North 25 <sup>th</sup> Avenue, Suite 320 Phoenix, Arizona 85023 T: 866.974.2673      F: 855.253.1263	