



Sponsorship Request Form

Requester Responsibilities

Please send this Application and all required documents to grants@alnylam.com at least 45 days prior to the event.

Required

- Signed and completed Request Form
- Documentation from requesting Organization (e.g. funding request letter, prospectus or brochure, meeting agenda, levels of funding available)
- Defined Benefits to Alnylam (documentation that lists the specific benefits to Alnylam not only for the level of funding requested, but for other funding levels available)

Organization (Payee) Information

| | | | |
|---|----------------|--|--|
| Legal Name of Organization: | | | |
| Organization Mailing Address: | | | |
| Organization Email: | | | |
| Authorized Representative of Organization: | Email: | | |
| Is the Organization tax-exempt as defined by the government tax authority? <input type="checkbox"/> Yes <input type="checkbox"/> No | Tax ID Number: | | |

Funding Request

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| Indicate Type of Funding Request <input type="checkbox"/> Sponsorship of Event, e.g., Congress, symposium, fundraising event <input type="checkbox"/> Other (describe) |
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|---|--|
| Amount Requested: | Currency: |
| Are there other funding levels available? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, please explain the other levels or provide a prospectus. |
| Indicate the tangible commercial benefit(s) that Alnylam will receive as a benefit of this funding: <input type="checkbox"/> Exhibit or booth opportunity <input type="checkbox"/> Banner at a conference <input type="checkbox"/> Advertising space <input type="checkbox"/> Tickets to an event <input type="checkbox"/> Corporate membership in an organization <input type="checkbox"/> Other (please describe or attach a prospectus): | |

Event Information

| | |
|---|--|
| Event Name: | |
| Event Date(s): | |
| Event Venue (include name, address, city, state): | |
| Is this opportunity available to other companies as a general solicitation (e.g., the same price is offered to other companies)? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Alnylam Requestor

| | |
|---------------------|------|
| Name | Date |
| Department/Function | |