



Fellowship Award Application

Contact name

Institution name

Name of accredited school you graduated from

Year of graduation

Mailing address

Email address

Phone number

Terms and Conditions

If this request is approved, as consideration for receipt of New World Medical product(s) donated for humanitarian purposes, I certify that: (i) donated products will not be sold or transferred to anyone for any purpose not consistent with the statements made in this request form; (ii) all ophthalmic services required in connection with use of donated products shall be provided to the patient(s) free of charge; (iii) donated products will be used in accordance with their labeled instructions; (iv) I agree to hold harmless New World Medical and its affiliates from any and all liability for use of the donated product(s); and (v) I will report product utilization within a month of product usage using the New World Medical Humanitarian Report Form.