# Genentech Corporate Giving and GrantsTip Sheet | Healthcare-Related Charitable Support

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We contribute to the best interests of patients, the medical and research profession, our employees and communities.





#### Healthcare-Related Charitable Support

Healthcare-Related Charitable Support is consistent with a therapeutic or technological area in which Genentech or Roche is active. Genentech prioritizes and focuses funding towards programs and events such as: Patient Services, Patient Outreach, Patient Education, Disease Education, Fundraisers, Health Screenings, Scientific / Medical Meetings, Conferences, Seminars and Symposia

/	Checklist
	CHECKIISI

You need to submit the funding request at least 60 days prior to the project / program start. Requests submitted with less lead time
will not be accepted by the system or denied. Prior to submitting the funding request, make sure that you have prepared the following
information:
☐ Tax ID#
☐ Tax status
□ W-9 form
New applicants: Visit the IRS website for a blank W-9 if you don't have a current, signed W-9.
Returning applicants: The W-9 must be signed and on the most current IRS W-9 form.
☐ IRS 501(c)(3) determination letter
If your organization is exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code, please upload
your IRS determination letter.
□ 990 form
Please upload your current 990 form filed with the IRS.
☐ Organization's annual budget
☐ Address and/or Bank Account Information (for ACH/Wire payments)
The location or bank account to which an approved payment will be sent
☐ Number of employees in the organization
☐ Itemized budget for the program for which funding is requested
☐ Program agenda



☐ Program advertising materials





#### Login

- Go to funding.gene.com
  - Click the "Apply for Funding / Login" link

#### Enter your Account information

User name
 This is the email address used when you registered as a user

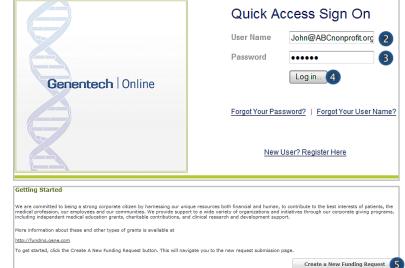
3. Password

This is the password you created when you registered as a user

Click "Log in..."

5. Click on the "Create a New Funding Request"





#### Organization Registration

#### Complete the Tax information

The following information will be pre-populated if you have previously used the Genentech Funding Request System

- 1. Select where the organization is located
- If the organization is located in the United States, enter Tax ID

Format: 12-1234567. Must match Tax-ID on W-9

- 2a. If the organization is not located in the United States, enter the unique non-US Tax-ID
- 2b. If the organization is not located in the United States, confirm if you have W-8BEN status
- 3. Provide the organization's tax status

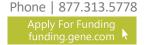
  If the organization is located in the United

  States, tax status must match tax status on W-9
- 4. Click "Continue"



#### >>> Or >>>

▼ Tax ID			
* Where is this organization located?	Canada	<u> </u>	
* Non-US based organization ID (Please specify the organization's unique ID within the country)		(Za	
* Do you have W-8BEN status?	None	_ 2b	
* Tax status	None	_ 3	
		Continue 4	







#### Organization Registration (continued)

#### Complete the Organization Detail section

You will not be able to make any Organization Detail information changes if your Organization has been previously registered. Please contact our customer support at 877.313.5778 to make updates.

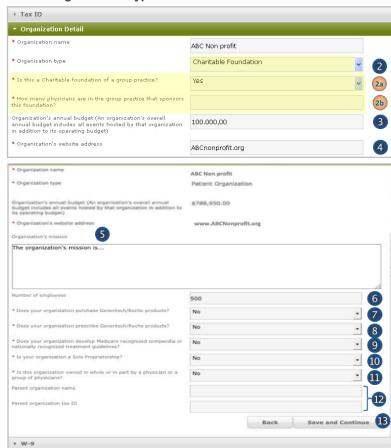
- Enter the Organization name
- Select the Organization type
   Please select carefully. Once saved, only a system administrator can edit your selection.
   Select "Other" only if no listed option applies.
   For organization type "Charitable Foundation", answer the following additional questions:
- 2a. Is it a Charitable Foundation of a group practice? If yes, please answer question 2b
- 2b. How many physicians are in the group practice that sponsors this foundation?
- Enter the organization's annual budget
   Annual budget includes all programs and events, in addition to the operating budget
- Enter the Organization's website address
- Enter the Organization's mission
- 6. Enter the Number of employees
- Confirm if organization purchases Genentech / Roche products
- Confirm if organization prescribes Genentech / Roche products
- Confirm if organization develops Medicare recognized compendia or nationally recognized treatment guidelines
- Is your organization a Sole Proprietorship?
   This question is applicable if your organization is For-Profit and US based
- Confirm if organization is owned wholly or in part by a physician or a group of physicians

The answer defaults to "No" if the tax status is 501 (c)(3) or 501 (c)(6), or if Governmental Organization

- Enter the Parent organization name and Parent organization tax ID, if applicable (optional)
- 13. Click "Save and Continue"



#### >>> If Organization Type is "Charitable Foundation" >>>







> Select a Location



#### Organization Registration (continued)

Upload the W-9 (or W-8BEN) form

W-9 or W-8BEN form must be signed and on the most current IRS form

 Click on "Choose File" to select and upload the W-9 or W-8BEN form

To replace the uploaded copy, click on "Choose File" and select the new copy

- Upload the IRS 501(c)(3) determination letter
  - Click on "Choose File" to select and upload the IRS 501(c)(3) determination letter
- Upload the current 990 form
  - Click on "Choose File" to select and upload the 990 form

To replace the uploaded copy, click on "Choose File" and select the new copy







#### Organization Registration (continued)

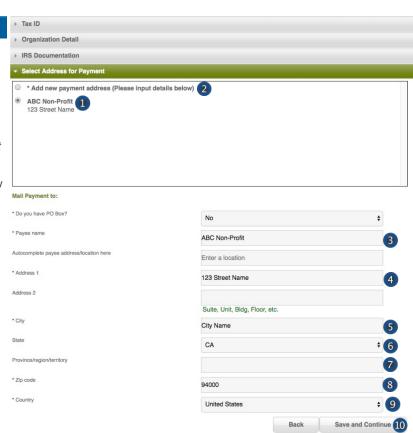
> Provide the Location information

This is the location to which an approved payment will be sent

 If the location was previously registered, select the location

Make sure the record displays the most current information. If not, please edit

- If the location is not pre-populated, select "New Location"
- Enter the Payee name
   Must be the organization's name and not a
   person's name
- 4. Enter the Address
- Enter the City
- Select the State
- 7. Enter the Province / region / territory
- 8. Enter the Zip code
- 9. Select the Country
- 10. Click "Save and Continue"







### Tip Sheet

## Funding Type Selection

- Complete the Funding Type selection
  - Indicate what you are seeking funding for
     Option 1 and option 4 will apply to most
     healthcare-related charitable programs
     If option 1 is selected, "An educational event /
     meeting, conference, activity, or program", you
     will be prompted to answer the following
     additional question
  - Indicate who the target audience is for your event

If "Healthcare providers" is selected, please refer to the Independent Medical Education Grant Request Tip Sheet

If "Researchers or Scientists" is selected, please refer to the Scientific Project Support Request Tip Sheet

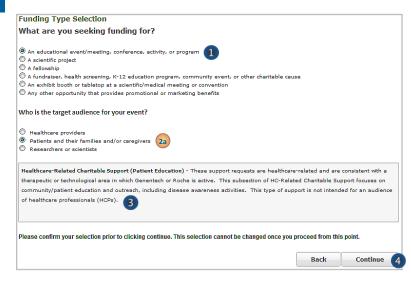
>>> Or >>>

If option 4 is selected, "A fundraiser, health screening, K-12 education program, community event, or other charitable cause", you will be prompted to answer the following additional question

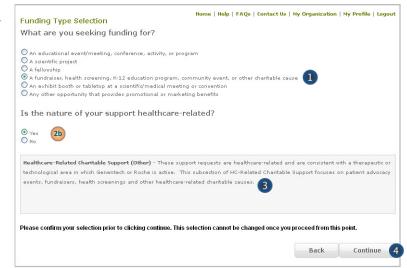
2b. Indicate if the nature of your support is healthcare-related
If no, please refer to the Philanthropic

Charitable Support Tip Sheet

- Validate your selection
   Your selection can not be changed once you proceed from this point
- 4. Click "Continue"













## Tip Sheet

#### V Application

#### > Complete the Application information

A unique Request ID is automatically assigned to the funding request. Please reference the Request ID in all communications related to this request

- Enter the Requested amount
- 2. Enter the Non-charitable amount

  This is the portion of the requested amount that
  will not be used for charitable purposes (e.g.,
  non tax-deductible expense to Genentech)
- Enter the Total Overall Budget
   Include all expenses for the event / activity,
   including expenses that will not be covered by
   the requested amount
- Select the Therapeutic area
- 5. Select the Disease state

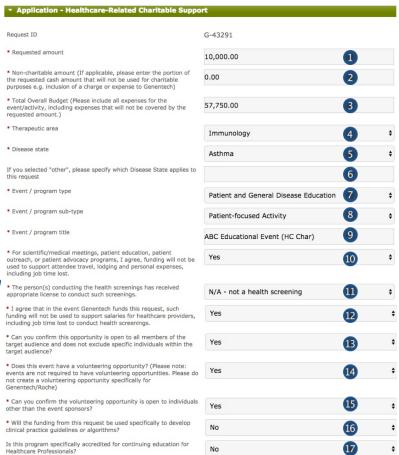
  If you can not find the applicable disease state in
  the drop-down list, please select "other"
- 6. If you selected "other", please specify which Disease State applies to this request
- Select the Event / program type
- Select the Event / program subtype
- Enter the Event / program title
- If applicable, indicate if funding will not be used to support attendee expenses for scientific/medical meetings or patient education programs

This question is only applicable if a scientific/medical meeting or patient education program types are selected.

- Indicate whether the person(s) conducting the health screenings has appropriate licensure.
- Indicate if funding will not be used to support salaries of healthcare providers
- Confirm if this opportunity is open to all members of the target audience and does not exclude specific individuals within the target audience
- Indicate if this event has a volunteering opportunity
   Events are not required to have volunteering

Events are not required to have volunteering opportunities. Please do not create a volunteering opportunity specifically for Genentech / Roche

- Confirm if the volunteering opportunity is open to individuals other than the event sponsors
- 16. Indicate if the funding from this request will be used to develop clinical practice guidelines
- Indicate if this program is specifically accredited for continuing education for Healthcare Professionals









## Tip Sheet

#### Application (continued)

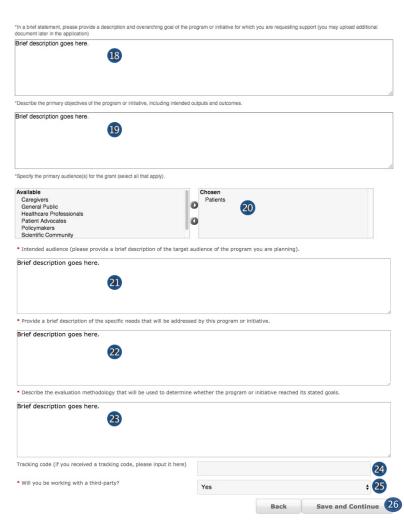
- 18. Enter the description and overarching goal of the program for the requested support Provide a short description of the program including overarching goal. You will be provided an opportunity to upload additional documentation later, in needed.
- Enter the primary objectives of the program, including intended outputs and outcomes
- 20. Select the primary audience of the grant
  Select all that apply from the "Available" list and
  click the right arrow to move the selection into
  the "Chosen" list
- 21. Describe the intended audience

  Provide a brief description of the target audience
  of the program you are planning
- 22. Enter the needs assessment summary

  Provide a brief description of the need that the

  program addresses
- 23. Describe the method for measuring program success
  - Describe the approach you will use to determine whether the program was successful in achieving its stated goals
- 24. Enter a Tracking code (optional)

  If you know the program specific tracking code, please enter it here
- 25. Indicate if you will be working with a third-party If yes, you will be prompted to provide additional "Third-Party Information" after clicking "Save and Continue". See "Complete the Third Party information" section below
- 26. Click "Save and Continue"









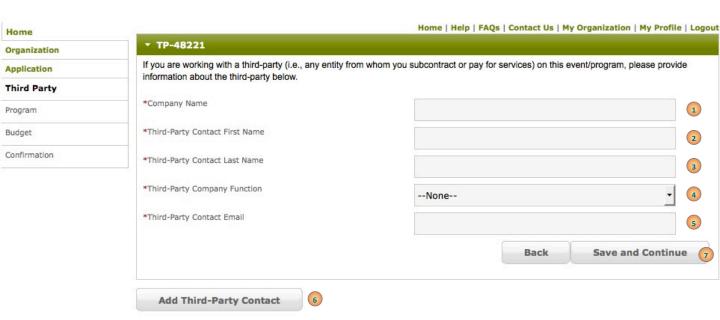
## Tip Sheet

#### V Application (continued)

> Complete the Third Party information

This section is only applicable if "Will you be working with a third-party?" has been answered with "Yes" in the previous application section

- Company Name
- Contact First Name
- Contact Last Name
- 4. Company Function
- Contact Email
- 6. Click "Add Third Party Contact" if you are working with additional third-parties.
- 7. Click "Save and Continue"









## Tip Sheet

#### Application (continued)

Complete the Demographic Data

Please note this data will not impact the grant decision making processes.

When considering the populations primarily served by the overall grant, indicate the demographic categories that apply, specifically:

Indicate the Age groups primarily served by the grant

Select relevant groups from the "Available" list and click the right arrow to move the selection into the "Chosen" list

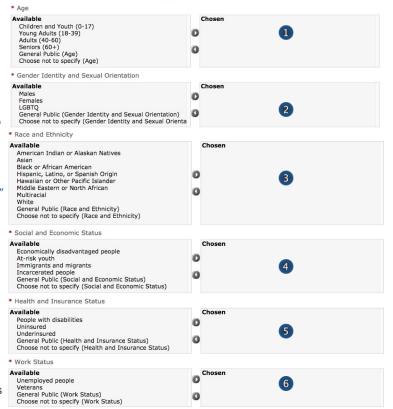
If there are no demographic groups specifically targeted through the grant, select "General Public," where applicable.

You may also select "Choose not to specify" if desired.

- Indicate the Gender Identity and Sexual Orientation of groups primarily served by the overall grant
- Indicate the Race and Ethnicity of groups primarily served by the overall
- Indicate the Social and Economic Status of groups primarily served by the overall grant
- Indicate the Health and Insurance Status of groups primarily served by the overall grant
- Indicate the Work Status of groups primarily served by the overall grant
- Indicate if the funding from this request will primarily support ESL / Non-English speaking populations
- 8. Click "Save and Continue"

#### Demographic Data

Please complete the following fields about the primary population(s) served by the overall grant, where applicable. This data aims to help us understand and track how our giving reflects the communities we serve, in the aggregate. Please note that this data will not impact grant decisionmaking processes.



Choose not to specify (ESL) 7

Back





Save and Continue

\* Does the grant primarily support ESL / Non-English

speaking populations?



## Tip Sheet

#### Program Details

#### > Complete the Program details

The request needs to be submitted at least 60 days prior to the start of the event / program

- 1.Select Program type
- 2. Enter Program title (a brief description)
- 3. Enter the Start date
- 4. Enter the End date (Last date of the program)
- 5. Enter the total Expected number of attendees / people served by program
- 6. Enter the Expected number of patients served by the program, as part of the total
- 7. Enter the Expected number of HCPs that are served by the program, as part of the total HCPs are healthcare professionals, e.g. doctors or nurses
- 8. Enter the Venue name
- 9. Enter the Venue city
- 10. Select the Venue state (optional)
- 11. Enter the Venue province / region / territory (optional)
- 12. Enter the Venue zip code
- 13. Select the Venue country
- 14. Select which benefits will be provided in exchange for funding

Select ALL that apply from the "Available" list and click the right arrow to move the selected items into the "Chosen" list

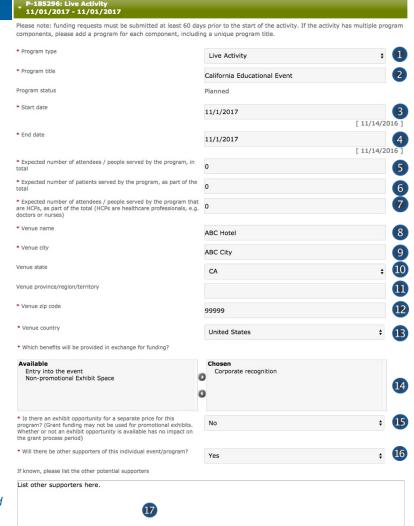
15. Indicate if there is an exhibit opportunity for a separate price for this program

Healthcare-Related Charitable support must not be used to fund promotional exhibits.

16. Indicate if there will be other supporters of this program

If you are seeking funding from other supporters, please select "Yes"

17. If known, please list the other potential supporters









## Tip Sheet

#### Program Details (continued)

18. Upload File Attachments

The first 2 documents are mandatory. If you do not have an event advertising or meeting agenda, upload a blank document that states that it is not applicable to your event

Attach any additional documents to describe the program. For example: brochure, flyer.

Limit 25 MB total

If you would like to submit more than 5 documents, send them via email to fundingquestions@gene.com. Make sure to reference the Funding Request ID

If you would like to replace one of the uploaded documents, click "Choose File" to select and upload a new document

If your event/program contains additional components, click "Add Program" to enter each additional component (see page 12 for details)

If your event/program does not contain additional components, go to Step 19, skip page 12 and move on to the Budget section

#### <u> Add Program - Examples</u>

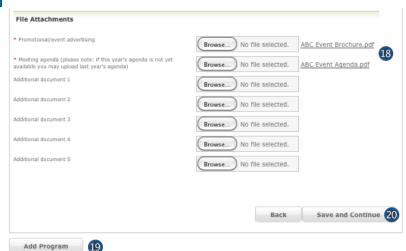
- 1. An event/program that will occur on multiple dates and/or in multiple locations can be submitted in one request. For example, a nationwide charity walk series can be submitted in one request because each charity walk is a component of one event/program.
- 2. An event/program that has both an in person ("Live") and "Online Activity" can be submitted in one request. For example, an in person patient education activity that also has an online patient education resource can be submitted in one request because these are two components of one event/program.
- 3. An event/program that has both an "Ongoing Activity" and "Online Activity" can also be submitted . For example, a monthly newsletter that is mailed out and also provided as an online newsletter on the organization's website.

#### <u>Do Not Add Program - Examples</u>

- 1. Different types of events/ programs cannot be submitted in one request. For example, a fundraiser and heath screening cannot be submitted in one request because these are two distinct types of programs.
- 2. Substantially different activities cannot be submitted in one request. For example, a series of walkathons and a series of bicycle rides cannot be submitted in one request because they are two distinct events/programs, even though these are both fundraisers.
- Click "Save and Continue" to proceed to the budget section.

If your program contains multiple components, all expenses should be included in one total overall büdget

You may be required to provide additional information depending on the information you submitted with your request







## Tip Sheet

#### Program Details (continued)

Add Program (if applicable)

Skip to section VI Budget, if your event/program does not contain additional components.

- Enter specific program details of each additional component of the event/program (see instructions on Page 10)
  - 1a. Note that different dates can be entered
  - Note that different location information can be entered
  - 1c. Note that different advertising and agenda documents can be uploaded
- To delete an individual program, Click on "Delete Program"

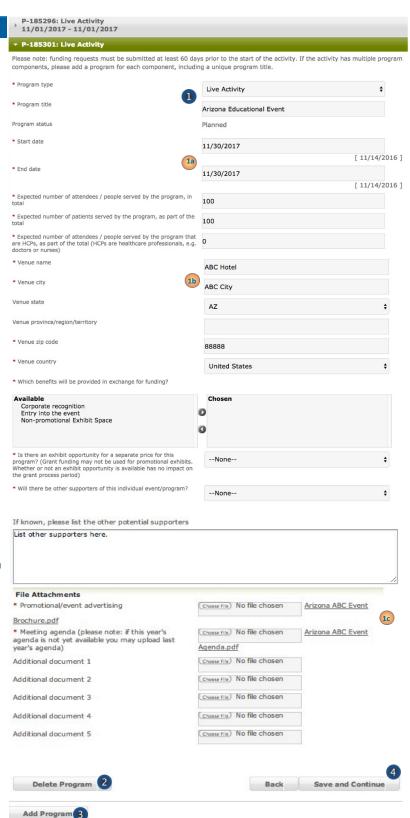
Once you submit the request, you cannot delete any program details. To request a program deletion after submission, send an email to <u>fundingquestions@gene.com</u>. Make sure to reference the Funding Request ID

- Click "Add Program" if your event/program contains additional components. Repeat Steps 1 and 2 above to provide program details for each component.
- When done entering all program components, click "Save and Continue" to proceed to the budget section.

If your program contains multiple components, all expenses should be included in one total overall budget

You may be required to provide additional information depending on the information you submitted with your request

To view already entered program details, click on the accordion for that program component









## Tip Sheet

#### VI Budget

#### Complete the Budget for the program

Total Overall Budget

The Total Overall Budget is pre-populated with the amount specified earlier in the application. You can edit it here if needed

The Total Overall Budget includes all expenses for the event / activity, including expenses that will not be covered by the requested amount

Entered so far

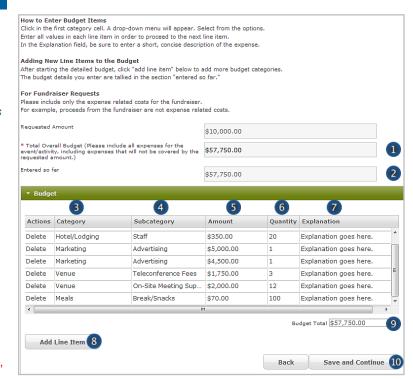
This amount is automatically calculated as you enter the budget items in the table below

- Select the Category
   See Appendix A for a complete list of categories
- Select the Subcategory
   See Appendix A for a complete list of subcategories
- 5. Enter the Amount by item (example, cost per person/per night/per meal, etc.)
- Enter the Quantity (example, number of people, number of hotel nights, number of meals, etc.)
- Enter an Explanation / Description of the budget line item (example, number of people and hotel nights, description of cost per person and description of expense)
- 8. Click "Add Line Item" for the next budget item
- 9. Track the Budget Total

  The Budget Total is calculated automatically

  The Budget Total has to be equal to the Total

  Overall Budget entered above
- 10. Click "Save and Continue"
  If you have any empty lines, you will need to delete them in order to proceed









## Tip Sheet

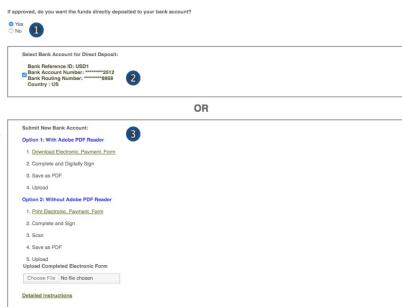
#### VII Payment Method

Complete the Payment Method

Please note that electronic payments are more secure and faster than a check payment.

If the grant is approved and funds should be directly deposited to the organization's bank account

- Select "Yes" for funds to be directly deposited to the organization's bank account
- If your organization previously set-up its bank account, the bank account will be pre-selected
- Or if a new bank account needs to be set-up, follow one of the options to complete the Electronic Payment Form and upload the completed form
- 4. Click "Save and Continue"



>>> Or >>>

If the grant is approved and funds should be mailed to the organization's address

- Select "No" for funds to be mailed by check to the organization's address
- Click "Save and Continue"









orized 1

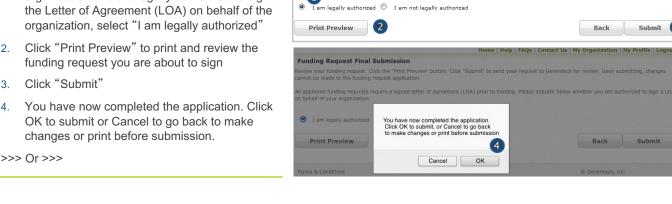
## Tip Sheet

#### Confirmation

#### Submit the Funding Request

- If you are a member of the requesting organization and are legally authorized to sign the Letter of Agreement (LOA) on behalf of the organization, select "I am legally authorized"

- OK to submit or Cancel to go back to make changes or print before submission.

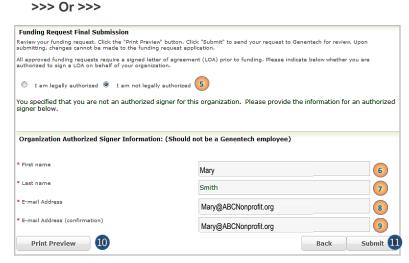


**Funding Request Final Submission** 

- If you are not legally authorized to sign the LOA on behalf of the organization, select "I am not legally authorized'
- **Enter the Organization Authorized Signer** information

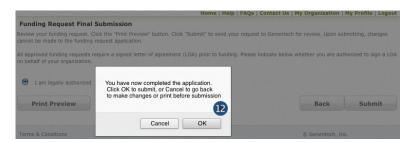
The Authorized Signer cannot be a Genentech employee

- Enter the First name
- Enter the Last name
- Enter the Email address The email address needs to be that of the Authorized Signer specified above
- Re-enter the Email address (confirmation)
- 10. Click "Print Preview" to print and review the funding request
- 11. Click "Submit"
- 12. You have now completed the application. Click OK to submit or Cancel to go back to make changes or print before submission.



Review your funding request. Click the "Print Preview" button. Click "Submit" to send your request to Genentech for review. Upor submitting, changes cannot be made to the funding request application.

All approved funding requests require a signed letter of agreement (LOA) prior to funding. Please indicate below whether you are authorized to sign a LOA on behalf of your organization.









## Tip Sheet

#### X Request Status

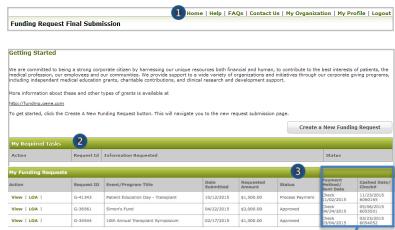
- Check the Status of the request
  - Click the "Home" tab
  - 2. Review "My Required Tasks"

    This section lists tasks that are required from you. Example: signing the Letter of Agreement
  - 3. Review "My Funding Requests"

    This section lists the status of your request
  - Review the payment and any check-related information

This section will show you any information that is available for your supported programs including the payment method and date, check number, and the date the check was cashed.

Note: If your payment method was an electronic payment (e.g. ACH), not all of the information will be populated. Payment date and cashed date are the same day.



Payment Method/ Sent Date	Cashed Date/ Check#
Check 12/09/2015	12/20/2015 / 4 6 5 7 3 8
ACH 11/23/2015	
Check 12/18/2015	
Check 11/23/2015	12/20/2015 / 4 6 5 7 3 8
Check	







## Tip Sheet

#### Respond to an RFI

A Request for Information (RFI) is generated by the Genentech Funding Request System when a Genentech reviewer has questions about the funding request. If an RFI is generated, you will receive an email notification describing the request sections requiring additional information. The email will be sent to the email address specified in the request

Important: You must respond within 10 days or the request may be canceled

- We are committed to being a strong corporate citizen by harnessing our unique resources both financial and human, to contribute to the best interests of patients, the medical profession, our employees and our communities. We provide support to a wide variety of organizations and initiatives through our corporate giving programs, including independent medical educations greater, shartfallse contributions, and clinical research and development support.

  More information about these and other types of grants is available at <a href="https://ducling.gene.com">https://ducling.gene.com</a>

  To get started, click the Create A New Funding Request button. This will navigate you to the new request submission page.

  Create a New Funding Request

  My Required Tasks

  Request Id Information Requested

  Request Id Information Requested

  Status

  RFI Q G-05655 Researcespond to the RFI for Funding Request: G-05655 Open
- To respond to an RFI, log into the Genentech Funding Request System
  - Go to the "My Required Tasks" section
  - Click on the RFI link under the "Action" column highlighted in red

This will open the request page

- Click "Continue" until you have access to the fields requiring additional information
- Once you have reached the section you have been asked to update, respond accordingly.
   Then, click "Save and Continue"
- To re-submit the Funding Request
  - Confirm whether or not you are the legally Authorized Signer
  - Click "Re-Submit"











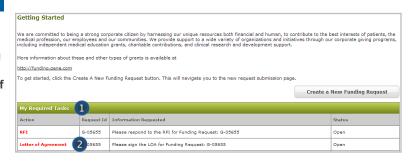
## Tip Sheet

#### XI Sign the LOA

All grants must abide by the terms in the Genentech Letter of Agreement (LOA), which is issued to an Authorized Signer of the requesting organization once the application is approved. The authorized Signer must agree to the terms of the LOA before any funding is issued

The LOA can only be signed by the legally Authorized Signer for the organization

- To sign the LOA, log into the Genentech Funding Request System
  - 1. Go to the "My Required Tasks" section
  - Click on the Letter of Agreement link under the "Action" column highlighted in red
- On the LOA page
  - Click "Print to PDF" to print a copy of the LOA before accepting the LOA (optional)

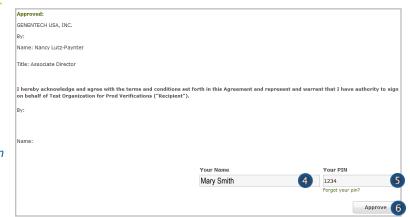


Letter of Agreement			
Please review the entire LOA	below then indicate your approval at the bottom of the page.	Print to PDF	
Regarding Terms, Conditions and Purposes of an Educational Grant between Test Organization for Prod Verifications ("Recipient") and Genentech, USA. ("Genentech").			
Authorized Signer:	Imed Gc		
Address:	99 First St		
City:	Denver		
State:	CO		
Zip Code:	80002		
Program / Event Title:	Test Outcomes Test (the "Activity")		
Request ID:	G-05655		
Program / Event Date:	11/1/2012		
	pport for the above-referenced independent medical education Activity by means of a grant in the amount of \$3,5 ting this grant, Institution agrees to use the funds solely for the Activity and to comply with the terms and condition		

- Navigate to the bottom of the LOA to sign the LOA
  - 4. Enter your Name
  - 5. Enter your PIN number

    This is the PIN number you created when you registered as a new user
  - 6. Click "Approve"

    Once approved, the LOA will be accessible from the Genentech Funding Request System "Home" screen for your review







## Tip Sheet

#### XII Evaluations

Once the funding request has been approved, the grant requestor will be asked to provide an evaluation. The Evaluation page allows you to submit an attachment as necessary.

## To enter the Evaluations, log into the Genentech Funding Request System

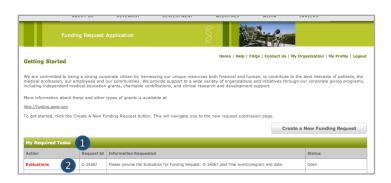
- 1. Go to the "My Required Tasks" section
- Click on the Evaluations link under the "Action" column highlighted in red

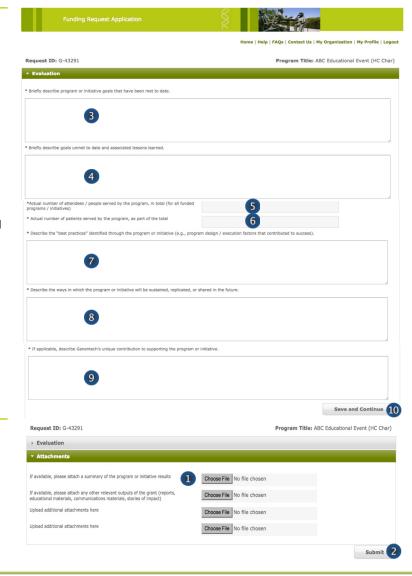
#### On the Evaluations page

- 3. Enter a description of the goals met to date.
- Enter a description of the goals unmet to date and the lessons learned.
- Enter the actual number of attendees/people served by the program, in total.
- Enter the actual number of patients served, as part of the total.
- 7. Enter a description of the "best practices" that contributed to the success of the program.
- 8. Enter a description of the ways the program will be sustained, replicated, or shared.
- If applicable, enter a description of how Genentech's unique contribution supported the program.
- 10. Click "Save and Continue"

#### On the Evaluations page

- If available, upload attachments for a summary of program or initiative results.
- Click "Submit"











### Appendix A – Overview | Budget Categories

	Category	Subcategory	Category	Subcategory	
	Accreditation	<ul><li>Accreditation Fees</li><li>Certificate Fees</li></ul>	Miscellaneous (explain)	Other (explain)	
	Association Fee	<ul> <li>Association Fee</li> </ul>	Printing & Production	<ul><li>Brochures</li><li>Handouts</li><li>Invitations</li><li>Mailing Lists / Li</li></ul>	
	Honoraria	<ul><li>Chair</li><li>Faculty</li></ul>			
	Hotel / Lodging	<ul><li>Faculty</li><li>Non-Physician Faculty</li><li>Staff</li></ul>		<ul><li>Meeting Materia</li><li>Patient Material</li><li>Programs</li></ul>	
	<ul> <li>Dues</li> <li>Equip</li> <li>Facili</li> <li>Insura</li> <li>Lab E</li> <li>Salar</li> <li>Salar</li> </ul>	<ul> <li>Administrative Overhead</li> <li>Dues / Subscriptions</li> <li>Equipment Purchase / Lease</li> <li>Facility Construction / Lease</li> <li>Insurance</li> </ul>	Screenings	<ul><li>Lab Processing</li><li>Test Kits</li><li>Tests</li></ul>	
		<ul> <li>Insurance</li> <li>Lab Expense</li> <li>Salaries – Contractor</li> <li>Salaries – Full Time</li> <li>Utilities</li> </ul>	Shipping & Posting	<ul><li>Courier Expense Expense</li><li>Office Supplies</li></ul>	
	Management Fees	<ul> <li>Account &amp; Activity         Management</li> <li>Activity Marketing</li> <li>Audience Generation</li> <li>Content Development /         Creative Development &amp;         Production</li> <li>Content Development /         Editorial Fees</li> <li>Content Development /         Medical Writing &amp; Scientific         Review</li> <li>Educational Effectiveness         Measures</li> <li>Legal Fees</li> </ul>	Travel	<ul> <li>Faculty Airfare</li> <li>Faculty Mileage Reimbursement</li> <li>Faculty Train</li> <li>Ground Transpo Parking</li> <li>Per Diem</li> <li>Staff Airfare</li> <li>Staff Mileage Res</li> <li>Staff Train</li> </ul>	
			Venue	<ul><li>A/V Equipment - Labor</li><li>Meetings Rooms</li><li>On site Meeting</li><li>Teleconference</li></ul>	
	Marketing	<ul><li>Advertising</li><li>Flyers</li><li>Mailings</li></ul>	Website Development	<ul><li>Web Design / Fu</li><li>Website Hosting</li><li>Web Maintenand</li></ul>	
	Meals	<ul><li>Break / Snacks</li><li>Breakfast</li><li>Lunch</li><li>Dinner</li></ul>			





