

Global Health Purchase Application

Please direct inquiries to globalhealth@fujifilm.com.

Requesting Charitable Organization	
Charitable Organization	Date
Contact Person Within Organization	Email
Organization's Address (City, State/Province, Postal Code)	Country
Organization's Phone Number	
Organization's Website	501 (c) (3) number
Organization's mission statement (attach a separate sheet if necessary)	
Primary Contact Information in North America	
Primary Contact Name	Title
Institution/Organization	
Address	
City, State, Postal Code	
Phone Number	Email
Secondary Contact Information in U.S. (optional)	
Secondary Contact Name	Title
Institution/Organization	
Address	
City, State, Postal Code	
Phone Number	Email

Recipient Information (institution where equipment will be in use)	
Institution Name	
Contact Person at Institution	
Institution Address	
City, State/Province, Postal Code	Country
Institution's Phone Number	Email
How long has the institution provided health care to this region?	
Please describe the mission of the institution:	
<p>Check all that apply:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Anesthesia <input type="checkbox"/> Critical Care <input type="checkbox"/> Emergency <input type="checkbox"/> OB/Midwives <input type="checkbox"/> Surgery 	
<p>Is the institution (check all that apply):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Non-profit/charity <input type="checkbox"/> University affiliated (please list the university): 	
Please describe how ultrasound is integral to the care of patients at the institution:	
Is there any additional information you would like the Global Health program to know?	

By signing this document, I attest that the information provided is accurate to the best of my knowledge and accurately represents the facts regarding the organization and related clinic. I also acknowledge that meeting eligibility requirements and completing this form do not constitute an agreement for SonoSite to donate equipment.

Additionally, I hereby give and grant to FUJIFILM SonoSite, Inc. the right to display on its website and printed materials, the photographs, audio recordings, video recordings, testimonials and/or interview answers (collectively or individually the "Information") obtained of me or from me in connection with the use of the ultrasound system provided by SonoSite to me and/or the organization/clinic named on this application. I acknowledge that my participation is voluntary, and no consideration is required to give this Consent full force and effect. I agree that I shall have no right of approval, no claim to compensation or benefit, and no claim (including without limitation, claims based upon invasion of privacy, defamation, or right of publicity) arising out of any use or nonuse of the Information, and I expressly waive and release FUJIFILM SonoSite, Inc. from any such claims.

Name

Title

Organization Name

Date

Please email the completed application to globalhealth@fujifilm.com