## **F8: Commercial Support Budget**

 **🞏 Preliminary** OR **🞏 Final**

|  |  |
| --- | --- |
| **Activity Title:** |  |
| **Activity Code:** |  |
| **Event date/s:** |  |

1. **Commercial Support\***

|  |  |  |  |
| --- | --- | --- | --- |
| **#** | **Name of Commercial Support** | **What was it used for?** | **INCOME in QR** |
| **1** |  |  |  |
| **2** |  |  |  |
| **3** |  |  |  |
| **4** |  |  |  |
| **5** |  |  |  |
| **6** |  |  |  |
| **Total amount received:** |  |  |
| **Total Sponsor Income:** |  |  |
| **Total Income from other external sources:** |  |  |
| **Total Expenditure:** |  |  |
| **Profit under 30%:** |  |  |
| **Profit over 30%:** |  |  |
| **Are you re-investing your profit into further CPD activities?** |  **Yes 🞏 No 🞏** |

1. **Non-Commercial Support\*\***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **#** | **Totals**  | **QAR** | **US $** | **Notes** |
| **1** | **Total Advertising and Exhibit Income** |  |  |  |
| **2** | **Total Registration Fees** |  |  |  |
| **3** | **Total Government Monetary Grants** |  |  |  |
| **4** | **Total Private Monetary Donations** |  |  |  |

1. **In-Kind Support\*\*\***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **#** | **In-Kind Sponsor Name** | **Equipment** | **Facilities/Space** | **Catering/DisposableSupplies** | **AnimalTissue** | **Human Tissue** | **Other In-KindSupport** |
| **1** |  |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |  |

* **\*Commercial Support**: e.g. pharmaceutical companies that sell products (drugs) and services.
* **\*\*Non-Commercial Support**: Those include Non-profit organizations (e.g. professional societies and charity organizations), governmental, semi-governmental or private healthcare facilities or academic institutions and non-health care related companies that provide independent (unconditional) financial support to the CPD of healthcare practitioners.

Total **advertising and exhibit income** received in support of your Program. Advertising and exhibits are promotional activities and not continuing medical education. Therefore, monies paid by commercial interests to providers for these promotional activities are **not** considered to be commercial support

Total **registration fees** received (includes registration, subscription or publication fees received from activity learners)
Total **government monetary grants** received (monetary grants received from federal, state, or local governmental agencies in support of your Program)

Total **private monetary donations** received (monetary donations received from the private sector, including foundations, in support of your Program)

\*\*\*Financial support includes grants, funding for venues, catering and flights – this is **not** in-kind support