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## SPONSORSHIP REQUEST FORM

Rezolute, Inc. prides itself on providing Sponsorship to events and projects of patient advocacy organizations to help bolster the mission of these very important patient community resources.

Please complete this form to apply for sponsorship or support for your event or project. Make sure you complete all fields to help us determine what level of support we can provide. Note: Please apply no less than 6 weeks prior to your event.

Your application can either be mailed by postal service or emailed to us at <a href="mailed-to-us-at-patient-relations@rezolutebio.com">patient-relations@rezolutebio.com</a> with a cover letter on your organization's letterhead. We will contact you within 1-2 weeks should your application be approved ordeclined.

Ph	none #	
Da	ate of Event	
<ul> <li>□ Conference/meeting (up to \$20,</li> <li>□ Patient support project/program</li> <li>□ Patient/family activity (up to \$500)</li> </ul>	Ó00) (up to \$10,000) 00)	AMOUNT (in USD)
	Research project (up to \$25,000 Conference/meeting (up to \$20, Patient support project/program Patient/family activity (up to \$50	Phone #  Date of Event  Research project (up to \$25,000) Conference/meeting (up to \$20,000) Patient support project/program (up to \$10,000) Patient/family activity (up to \$5000) Other

Rezolute, Inc. at times publishes the names of organizations it provides sponsorship and/or support to. By applying for sponsorship/support from us you are agreeing to the publication of your organization's name.

OFFICE USE Date Review Date

Neviewed by Approved / Declined