Olympus Grants Registration Guide

How to Create a User Account in the Olympus Grants Request Management System

Olympus Corporation of the Americas

Olympus Grants Team- Americas

February 2022

OLYMPUS®

Welcome to the Olympus Grants Request Management System

- The Olympus Grants Request Management System accepts grant applications for eligible healthcare and microscopy events taking place in the Americas and/or events coordinated by organizations based in the Americas.

- In order to access our system, you must create a user account. Only registered users can submit grant requests. This Registration Guide provides step-by-step instructions to create your account.

- In January 2018, the Olympus Grants Request Management System was upgraded to accept grant applications from Latin America. In order to submit requests, users of our previous Latin American grants portal must create a new user account in our upgraded system. (We were unable to transfer data from our previous portal.)

- Before submitting a request, review our program website for detailed information about the types of support we offer, additional eligibility requirements and an overview of the application process. For step-by-step instructions for creating a request in our system, download our Application Guide.

- **Applications must be submitted at least 60 *calendar* days before your event start date.**

- **Olympus sales and marketing personnel are not permitted to participate in the grants process** and will not have any information regarding the status of your request. Please direct all grant inquiries to the Olympus Grants Team- Americas. Thank you.

Olympus Grants Team- Americas
484-896-3939 | grants-americas@olympus.com

System Functionality Notes

- Use Internet Explorer or Google Chrome to access our site
- In order to view important on-screen messages, pop-up windows must be enabled. To learn how to turn off your pop-up blocker, click your browser's name: Internet Explorer 11 | Google Chrome | Safari (iOS)
- To avoid losing your work, do not use your browser's "Back" button. Use the **Back and Proceed arrow buttons** at the bottom of each page to move within the registration and application screens.

OLYMPUS

Getting Started

To create a user account, begin by selecting your Preferred Language, then click **Register**.

U.S./Canadian Requestors: You must select **English**. Requests submitted in other languages will not be accepted.

Latin American Requestors: You may select **English, Spanish** or **Portuguese.**

TIP – Do you really need to create a new user account or did you just forget your password? Click here to request a password-reset email. If you don't receive the email within 15 minutes, you may need to create a new account. Call Olympus Grants Team-Americas at 484-896-3939 for assistance.

Help | FAQ | Privacy Policy | Preferred Language English

Email Address | Password | >>

Forgot your password?

Register

New Users: Click **Register** to begin.

Health Care & Microscopy Grants
from Olympus

Grants Request Management System - Olympus Corporation of the Americas

This site accepts grant applications for eligible healthcare and microscopy events taking place in the Americas and/or events coordinated by organizations based in the Americas. Olympus considers requests for **financial** support from across the Americas, as well as **product/equipment** support for events taking place in the United States, Puerto Rico, Canada, Mexico and Brazil only.

Before you submit your request, please review our **program website** for detailed information about the types of support we offer, additional eligibility requirements and an overview of our application process. Supported browsers are Internet Explorer and Google Chrome. Pop-up windows must be enabled in order to use our site.

DEADLINE: Applications must be submitted at least *60 calendar days* before the event start date

*TIP - Scroll down for **Contact Us** and **Terms of Use** links*

Registered Users: Enter your **Email Address** and **Password**, then click **>>** to access your account

New Users: Click **Register** and follow the on-screen instructions. Only registered users can submit grant requests

OLYMPUS

Search for Your Organization

Type a keyword from your Organization's legal name, then click **Search**.

My Account > Organization Information

Registration

To create a new user account, use the search fields below to find your organization in our system. (You must click "Search.")

- **If your organization is in our system,** select the entry that has the correct address for your department/location, review/update your organization's information, and complete the required fields to create your account.

- **If your organization is not in our system OR none of the entries found have the correct address,** click "Add a New Organization." For a list of the information and documents you'll need in order to add your organization, please review our **Registration Checklist**.

Helpful tips:

- Registration must be completed in a **single session**.
- For step-by-step instructions, please download our **Registration Guide**.
- To move between pages, click on the **Back** and **Proceed** buttons at the bottom of the page. Do not click on the tabs.

Please Note

Any grant request submitted by a user who has provided incomplete or inaccurate registration information will be deemed **ineligible** and may require complete resubmission in order to be considered by the OCA Grants Committee.

Updating Your Account

If you've already registered and need to update your organization or user profile, return to our **home page**, log in with your email address and password, then click on **My Account** to view and update your information.

Make any required changes below and click **Save** next to the blue disk. If you need to change information that is grayed out and can't be edited, please contact   Olympus Grants Team- Americas   at 484-896-3939 or   grants-americas@olympus.com

To update your name, contact information, password, or preferred language, click on the **User Information** tab below.

TIP - *Throughout the system, hover your pointer over the blue question mark icons to reveal additional instructions or field descriptions*

| Organization Information | Organization Address | User Information | Compliance Commitment |

Enter the identification number assigned to you by your taxing authority. In the United States, enter the Taxpayer Identification Number (Tax ID) or Employer Identification Number (EIN) assigned to your organization by the Internal Revenue Service (IRS).

Enter a keyword from your Organization's name…

Instructions:
To determine if your organization already has a profile saved in our system, ent... unique keyword from your Organization Legal Name

…then click **Search**.

Country

Tax ID

Organization Legal Name   Mayo

🔍 Search

Review Your Search Results
Review the list of Organizations found to determine if any of them are yours.

➤ **If there's a potential match,** click on the radio button (white circle) in the **Select** column and proceed to Page 6.

Instructions:
To determine if your organization already has a profile saved in our system, enter your Tax ID or a unique keyword from your Organization Legal Name

Country	▼
Tax ID	❓
Organization Legal Name	Mayo

If a potential Organization match is found, click the radio button (white circle) in the **Select** column to review this Organization's details.

🔍 Search

Results

Organization Legal Name	Address Line 1	Address Line 2	Country	City	State/Province	Postal Code	Select
Mayo Clinic Arizona	13400 East Shea Boulevard	Medical Education	United States	Scottsdale	AZ	85259	○
Mayo Clinic	200 First Street SW- Plummer 2-60		United States	Rochester	MN	55905	○
Mayo Clinic Jacksonville	4500 San Pablo Road	Stabile 790N	United States	Jacksonville	FL	32224	○
						< Previous Next >	

*TIP - If **Next >** is in **bold**, there are additional matches on the next page. Click to view.*

➤ **If there are no matches,** search again using a different search term or Tax ID. If there are still no potential matches, click **Add a New Organization** and proceed to Page 9.

| Organization Information | Organization Address | User Information | Compliance Commitment |

Instructions:
To determine if your organization already has a profile saved in our system, enter your Tax ID or a unique keyword from your Organization Legal Name

Country	▼
Tax ID	❓
Organization Legal Name	

No Organization with that Tax ID or Organization Legal Name has registered an account in the system yet. Please click the 'Add a New Organization' button below to create a new registration

🔍 Search

➕ Add a New Organization ◄

If no matching Organization is found, search again using another keyword or the Tax ID number. If there is still no match, click "**Add a New Organization**."

Review a Potential Organization Match

After you click the radio button in the Select column, the system will display additional details about the Organization you picked. Review the Organization entry carefully (especially the Tax ID) to ensure this is your correct Organization.

Results

Organization Legal Name	Address Line 1	Address Line 2	Country	City	State/Province	Postal Code	Select
Mayo Clinic Arizona	13400 East Shea Boulevard	Medical Education	United States	Scottsdale	AZ	85259	○
Mayo Clinic	200 First Street SW- Plummer 2-60		United States	Rochester	MN	55905	◉
Mayo Clinic Jacksonville	4500 San Pablo Road	Stabile 790N	United States	Jacksonville	FL	32224	○
							< Previous Next >

➕ Add a New Organization

* Country	United States ▼	
* Tax ID	41-6011702	❓
* Organization Legal Name	Mayo Clinic	❓
Please enter your organization's legal name as registered with your country's federal government.		
* Are you part of a larger parent organization?	○ Yes ◉ No	
* Organization Type	Community Hospital ▼	
* Tax Status	501c3 ▼	❓
* Organization Description	To inspire hope and contribute to health and well-being by providing the best care to every patient through integrated clinical practice, education and research.	
Please describe the mission of your organization. If your organization has a specific expertise, please list it here. Limit of 500 characters		
* Organization's Signed W-9 form **Click here for a blank W-9 form.** *The W-9 must be signed and dated within the last two years.*	[_____] Browse ❓ (View Uploaded W-9 Form)	
* Organization's IRS Determination Letter	[_____] Browse ❓ (View Uploaded IRS Determination Letter)	
* Is this your organization? *Organizations with multiple departments or locations - Please select an existing organization entry only if the address shown matches your department/location's current (or recent past) address. If applying on behalf of a department/location with a different address, click "Add a New Organization" to provide accurate information.*	○ Yes ○ No	

❌ Cancel

Proceed ➡

IMPORTANT- *For purposes of post-program reconciliation and refund compliance, Olympus reviews the performance of different departments separately for universities, hospitals, and similar multi-department organizations*

To ensure accurate tracking, please select an existing organization entry only if it reflects your specific department address

If this is your organization, select **Yes** and click **Proceed**. You will have another opportunity to review (and update) the Organization Address on the next screen.

"Is this your organization?" If the address shown does not match your department/location's current (or recent past) address, click **Add a New Organization** and turn to Page 9.

OLYMPUS

Review Organization Address

Review the Organization Address one more time to ensure that you have selected the correct Organization. If the Address listed does not reflect the current (or recent past) address of your specific department or location, click the Back arrow and select "Add a New Organization on the previous page."

My Account > Organization Address

Registration, continued

In the fields below, please provide your organization's official address OR confirm the address shown.

- For organizations with more than one address (such as universities, hospitals and national organizations with regional chapters), provide the address for your **specific department or location**. Post office boxes are not accepted.

- Within each individual grant application, you will have the opportunity to provide different "ship to" addresses for grant payments (checks) and product/equipment deliveries, as needed.

Also, please indicate (or confirm) if your organization is accredited:

- **Select "Yes"** if your organization is an accredited provider of continuing education credit.
- **Select "No"** if your organization must partner with an accredited provider in order to present courses for continuing education credit.

Updating Your Account, continued

Make any required changes and click **Save** next to the blue disk (below).

| Organization Information | Organization Address | User Information | Compliance Commitment |

* Organization Legal Name — Mayo Clinic

* Address Line 1
Organizations with multiple departments or locations - Address should reflect your specific department/location. PO Boxes not accepted. — 200 First Street SW- Plummer 2-60

Address Line 2

* City — Rochester

* State/Province — MN

* Postal Code — 55905

Phone — (507)284-8399

Website URL — ce.mayo.edu

* Is the listed address correct?
Organizations with multiple departments or locations - Address information should only be changed ... updates for your own department/location. If ... behalf of a department/organization with a diff ... use the green Back arrow below and select A... Organization on the previous page. — ○ Yes ○ No

Select "Yes" if the listed address matches your department/location's **current** address.

Select "No" if the listed address is a **recent past address** for your department/location that **needs to be updated**.

If the address shown doesn't match your department/location's current (or recent past) address, STOP. Click the **Back** arrow, click "**Add a New Organization**" on the previous screen and turn to Page 9.

OLYMPUS

Review Organization Address, cont.

Screen shot continued from previous page.

If your organization is accredited, you'll be able to review the accreditation information stored in our system, as well.

IMPORTANT – If the listed address is NOT correct, click **Back**, click Add a New Organization on the previous screen and turn to Page 9.

After you've selected "Yes," the listed address is correct, click **Proceed** and turn to Page 12.

Add a New Organization

Select the Country in which the headquarters of your Organization is located. Please complete all required fields marked with a red asterisk (*). Required fields vary based on Country.

➤ **If your Organization is based in the United States,** review the tips below.

Tax ID is required. Enter the Taxpayer Identification Number (TIN) or Employer Identification Number (EIN) assigned by the Internal Revenue Service (IRS).

You must enter your **Organization's Legal Name** as registered with the federal government.

Select your **Non-Profit Tax Status** (501c3 or 501c6) as specified on your W-9 and/or IRS Determination Letter. If neither applies, select "Other Non-Profit."

Reminder: In order to be eligible for Olympus grant support, you must be a non-profit organization.

Your W-9 must **be signed and dated within the past two years**. An outdated form will delay any grant requests you submit.

IRS Determination Letter is required for all 501c3 and 501c6 organizations.

After you've completed this section, click **Proceed** and turn to Page 11.

➤ **If your Organization is based outside the United States,** please turn to Page 10.

Add a New Organization, cont.

➤ **If your Organization is based <u>outside the United States</u>,** review the tips below.

Add a New Organization

*	Country	Mexico
*	Tax ID	abc123
*	Organization Legal Name *Please enter your organization's legal name as registered with your country's federal government.*	Sample Latin American Organization
*	Are you part of a larger parent organization?	● Yes ○ No
*	Parent Organization Legal Name	Parent Latin Ameircan Organization
	Parent Organization Address Line 1	Calle Nuevo León 56
	Parent Organization Address Line 2	
*	Parent Organization Tax ID	def456
	Organization Chapter/Branch/Department (if applicable)	Department of Gastroenterology
*	Organization Type	Medical Society/Association
*	Tax Status	Other Non-Profit
*	Organization Description *Please describe the mission of your organization. If your organization has a specific expertise, please list it here. Limit of 500 characters*	Brief description of the Organization's mission and educational purpose
*	Relevant Taxing Authority Document	● SAMPLE Tax Authority Document.pdf ✕ Remove
*	Organization's Governing Documents *For Organizations located in Latin America, including Puerto Rico, upload your Organization's Governing Document, Bylaws, or Charter*	● SAMPLE Governing Documents.pdf ✕ Remove

⊗ Cancel

Proceed ➡

Tax ID is required. Enter the identification number assigned to your organization by your country's taxing authority. For example, Canadian Organizations should enter the number assigned by the Canada Revenue Agency.

You must enter your **Organization's Legal Name** as registered with your federal government.

For **Tax Status**, please select "Other Non-Profit." 501c3 and 501c6 are only to be used by non-profit organizations in the United States.

*Reminder: In order to be eligible for Olympus grant support, you must be a **non-profit organization**.*

Please upload your **most current versions** of these required documents.

After you've completed the Organization Information section, click **Proceed** to advance to the next screen. Turn to Page 11.

OLYMPUS

Add an Organization Address

Provide your Organization's address and contact information, as well as its accreditation status. Please complete all required fields marked with a red asterisk (*).

TIP – *Your Organization Legal Name will be copied over from the previous screen.*

Enter **complete contact information** for your Organization.

IMPORTANT – *Your Address should reflect your specific department/location. Post office boxes are not accepted.*

Is your organization accredited? Select "Yes" if you have the ability to offer continuing education credit.

TIP - If you respond "Yes," *you will be prompted to identify the Accrediting Body and upload your organization's current Accreditation Certificate*

After you've completed the Organization Address tab, click **Proceed** to advance to the next screen.

| Organization Information | Organization Address | User Information | Compliance Commitment |

* Organization Legal Name — Sample US Organization
* Address Line 1
Organizations with multiple departments or locations - Address should reflect your specific department/location. PO Boxes not accepted. — 456 Elm Street

Address Line 2 — Room 800

* City — Allentown
* State/Province — PA
* Postal Code — 18034

Phone — (123)456-7890

Website URL — www.sampleorganization.org

* Is your organization accredited? — ● Yes ○ No

Your organization would be accredited if you have the ability to offer continuing education credit.

* If yes, please select accrediting bodies
(Hold CTRL to make multiple selections) — AANP / AAPA / ACCME / ACCP

* Accreditation Certificate ACCME — Accreditation Cert SAMPLE.pdf [Browse] [Remove]

How many years has your organization been in business? — 35

⬅ Back
❌ Cancel

Proceed ➡

Check the Availability of Your Email Address

Enter the email address with which you'd like to register and click "Check Availability."

My Account > User Information

Registration, continued

Enter your email address and click "Check Availability." **If your email address is not available:**

- **Have you used your email address to submit grant requests on behalf of another organization?** In our system, each email address can only be associated with one organization. If you would like to submit grants on behalf of a different organization, you must complete a new registration with a new email address.

- **Are you an Authorized Signer?** If you have the legal authority to sign Letters of Agreement on behalf of your organization, then someone in your organization may have entered your email address into our system as part of their grant request. To verify, return to our **home page**, click on "Forgot your password?" and submit your email address. If you receive a password reset email, then your email address is in our system and associated with a non-requestor role. **In order to submit grant requests to Olympus, you must register using a different email address.**

Please make sure all the information your provide below is accurate and complete so that Olympus can communicate with you regarding your requests.

Updating Your Account, continued

Make any required changes, enter and confirm your current password (or set a new one) and click **Save** next to the blue disk below.

To return to your **My Actions** page, click **Proceed** or **My Actions** above.

Organization Information	Organization Address	User Information	Compliance Commitment

Email: RitaRequestor@organization.org Check Availability ✔

Enter your email address, then click **Check Availability**. A green check mark means you are able to register with the email address you entered.

Email: susan.coenen@olympus.com Check Availability ✖

Email in use by another user, please enter a different address.

If you receive an error message, it means that your email address is already in use in our system. Perhaps you've registered previously or someone else provided your email because you're an Authorized Signer. **Unfortunately, in order to submit grant requests, you must register using a different email address.** We apologize for the inconvenience.

TIP – Need a different email address? Ask your organization's IT department to create an **email alias** that will automatically forward to your primary email account.

OLYMPUS

Enter Your User Information

Re-enter your email address, create a password, and provide the contact information detailed below.

| Organization Information | Organization Address | **User Information** | Compliance Commitment |

Email RitaRequestor@organization.org 🔍 Check Availability ✔

> Once your email address has been accepted, additional fields will appear for you to enter your **User Information**.

* Re-enter Email RitaRequestor@organization.org

* Password
  Password must be 8-12 characters. ••••••••

* Confirm Password ••••••••

> **IMPORTANT** - Your Password must be between 8 and 12 characters. **Do not exceed 12 characters or you may have trouble logging in!**

Title

* First Name Rita

* Last Name Requestor

* Business Role Coordinator

* Primary Phone (333)333-3333

* Secondary Phone (444)444-4444

> Enter a **Secondary Phone** (such as a mobile number) to be used for urgent matters if attempts to reach you by email and Primary Phone are unsuccessful

Fax (___)___-____

Secondary Contact Title

* Secondary Contact Name Jane Smith

Secondary Contact Phone (111)111-1111

* Secondary Contact Email JaneSmith@organization.org

> Please provide a **Secondary Contact**. Secondary Contact information will only be used for urgent matters if you cannot be reached.

OLYMPUS

Provide the Name and Contact Info for the Authorized Signer

Please specify the **Authorized Signer**, that is, the person at your organization who has the **legal authority** to enter into contracts with Olympus. This individual is typically someone from your legal department or continuing medical education (CME) office. Should your grant request be approved, this individual will be responsible for signing Olympus' **Letter of Agreement**. Failure to provide the correct person could delay fulfillment of your award if your grant request is approved.

Screen shot continued from previous page

* Do you have the legal authority to sign the Letter of Independence/Agreement from Olympus (if applicable)? ● Yes ○ No
If yes, you have full authority to sign the Letter of Independence/Agreement

Back
Cancel

IMPORTANT – Only select "Yes" if you have the **legal authority** to enter into contracts on behalf of your organization. If you're unsure, please contact your Legal Department or CME office for guidance.

If you are not authorized to enter into a grant contract on behalf of your organization, select "No" and complete the additional fields that appear. Contact information for the Authorized Signer is required

* Do you have the legal authority to sign the Letter of Independence/Agreement from Olympus (if applicable)? ○ Yes ● No

* Authorized Signer Email   AuthorizedSignerEmail@test.net

* First Name of Authorized Signer   Karen

* Last Name of Authorized Signer   Peters

* Business role of Authorized Signer CME Coordinator ✕

➕ Add an Alternate Authorized Signer

IMPORTANT - The Authorized Signer will be contacted directly by Olympus if an award is made and will be required to take action to accept the award. **Please notify the Authorized Signer to expect email communication from Olympus**

Back
Cancel

Proceed ➡

Click **Proceed** to continue.

OLYMPUS

Review and Accept the Compliance Commitment

Review the terms and conditions of Olympus' Compliance Commitment. Should a grant be approved, Olympus' Letter of Agreement (LOA) will be the sole agreement executed by Olympus. You must accept the Compliance Commitment in order to proceed.

Registration > Compliance Commitment

Registration, continued

Carefully read the **Compliance Commitment** below. In order to complete your Registration, you must agree to the following terms and conditions. Please note that, should a grant be approved, **Olympus' Letter of Agreement (LOA) will be the sole agreement executed by Olympus.** To review a sample copy of our LOA, please click here.

| Organization Information | Organization Address | User Information | **Compliance Commitment** |

Olympus is committed to complying with all applicable laws and regulations as well as the applicable principles and guidelines of organizations including the Food and Drug Administration (FDA), Office of Inspector General (OIG) and, where applicable, the Accreditation Council for Continuing Medical Education (ACCME) guidelines.

Your acceptance of this document represents your commitment to act in accordance with all applicable laws, regulations and guidelines including those listed above as well as those applicable in the jurisdiction(s) governing the grant or sponsored activity in the event that Olympus decides to support your request.

By accepting these terms and conditions, you also agree that this compliance commitment does not constitute or represent a funding commitment by Olympus; rather, such funding remains subject to the determination of the Olympus Grants Committee. Approval may be granted or denied at Olympus' sole and absolute discretion regardless of past support.

By accepting, you also certify that neither you nor your organization is on the United States Department of the Treasury Office of Foreign Assets Control (OFAC), the United States Department of Health and Human Services Office of Inspector General (OIG), Food and Drug Administration (FDA), or Accreditation Council for Continuing Medical Education (ACCME) probation, debarment or exclusion lists or any other exclusion lists that would affect the receipt of funding from Olympus. Individuals and entities appearing on the exclusion list of any governmental agency are disqualified from receiving education or research grants, contributions or sponsorships from Olympus.

I certify that I am fully authorized to submit this application and provide the information in this application on behalf of the requesting organization and any partner organization(s), and I affirm that all responses and information provided in this application are truthful, accurate, and complete.

I agree that any support the requesting organization may receive from Olympus is not in any way connected to, or conditioned upon, any past, present or future purchasing or recommending any product manufactured or marketed by Olympus. I affirm that my application is not so connected or conditioned.

I understand that Olympus cannot and will not process any request submitted less than 60 days before the date of the program start.

Screen shot continued on next page…

OLYMPUS

Review and Accept the Compliance Commitment, cont.

Screen shot continued from previous page

TIP - *Clicking the Letter of Agreement (LOA) link will open a sample contract in a new window. Should an award be made, the Olympus LOA will be the sole agreement executed by Olympus*

I acknowledge that the submission of my application is in no way indicative that the request will be supported by Olympus.

I acknowledge that only the Olympus Grants Committee, with zero input from Olympus Sales, Marketing, or Commercial-facing personnel, can approve or deny funding for educational grant, charitable contribution or sponsorship requests. Olympus may approve my request, in installments and/or for a lesser amount than the original request.

If my request is for an educational grant or charitable donation, I acknowledge that the Authorized Signer designated in the application, which may or may not be me, will sign, either electronically or via email, Olympus' applicable **Letter of Agreement** before Olympus will disburse any financial or in-kind support. I acknowledge that all decisions are final; there is no appeal or reconsideration process.

I acknowledge that Olympus may be required to report the monetary or in-kind amount of value provided to government authorities, and such information may be made public depending on applicable federal and/or state law.

I acknowledge that Olympus reserves the right to correct any administrative or technology-based errors which may occur during the application submission or review process.

I acknowledge that by design, Olympus Sales, Marketing, and Commercial facing personnel are prohibited from interacting with grant seekers, customers, grant requestors, course directors, and faculty members about any and all matters regarding grant support. I understand, and will advise others associated with seeking support, not to engage in communication of any kind (written, electronic, verbal, etc.) about determinations of the Grants Committee with Olympus Sales, Marketing, or Commercial-facing personnel. I acknowledge that violations of this provision by me or those affiliated with the event for which I seek support will jeopardize any support from the Olympus Grants Committee.

◉ I Agree   ○ I Disagree

⬅ Back
❌ Cancel

Proceed ➡

Select "I Agree" to acknowledge the terms and conditions of the Compliance Commitment

To complete registration and create your user account, click **Proceed**.

OLYMPUS

Your Registration is Complete

This on-screen "Thank You" message confirms your registration. You will also receive a confirmation email from our system email address **noreplygr@olympus.com**.

| Organization Information | Organization Address | User Information | Compliance Commitment |

Thank You!

Registration Is Complete

Thank you for registering in the **Grants Request Management System - Olympus Corporation of the Americas**. An email has been sent to you confirming your registration. If you do not receive this email within 15 minutes:

- **Check your spam folder.** If you find the email there, please add our system email address "**noreplygr@olympus.com**" to your address book to ensure that our automated messages reach your inbox in the future. If you need additional assistance, contact your organization's IT department.

- **Contact** Olympus Grants Team- Americas at 484-896-3939 or grants-americas@olympus.com to confirm your registration.

Our system accepts grant applications for eligible healthcare and microscopy events taking place in the Americas and/or events coordinated by organizations based in the Americas.

Olympus considers requests for **financial** support from across the Americas, as well as **product/equipment** support for events taking place in the United States, Puerto Rico, Canada, Mexico and Brazil only.

Before you submit your first grant request, please review our **program website** for detailed information about the types of support we offer, additional eligibility requirements and an overview of our application process.

DEADLINE: Applications must be submitted at least *60 calendar days* before the event start date.

To begin a new grant application, click "**Proceed**" below.

Proceed ➡

Click **Proceed** to view your "My Actions" welcome screen

OLYMPUS