



EDUCATIONAL GRANT RECONCILIATION FORM

This form must be completed and returned by the Reconciliation Due Date listed below to ensure uninterrupted eligibility for future grant support.

Instructions:

1. Complete the **green fields** in the table below.
2. Check 'yes' or 'no' for each of the 2 questions below.
3. Complete the signature block. You may use a verified digital signature **OR** print, sign & date the form, and return via email to carrie@aana.org.
4. If a refund is due, note the Grant ID on the check. Make check payable to AANA and mail to:

AANA
Attn: Carrie Corona
9400 West Higgins Road
Suite 200
Rosemont, IL 60018

Questions concerning this document may be directed to the AANA at carrie@aana.org or 847-292-2262.

| | |
|-------------------------------------|--|
| Reconciliation Due Date: | August 31, 2022 |
| Grant ID: | 295834 |
| Grant Recipient: | |
| Program Title/Description: | 2021-2022 Orthopaedic Arthroscopy/Sports Medicine Fellowship Grant |
| Program Type: | Fellowship |
| Program Date(s): | August 1, 2021 - July 31, 2022 |
| Total Company Support Received: | |
| Total Final # Registered Attendees: | |
| Total Final Program Cost: | |
| Total Company Support Expended: | |
| *Amount due Company, if applicable: | |
| Use of Funds: | |

I certify that the program for which this grant was received did occur. Yes No
If the program did not occur, the entire amount of the educational grant will be returned to the Company in 30 days.

I certify that all monetary and/or in-kind support was used in accordance with the purposes outlined in the Letter of Agreement. Yes No

Any funds and/or product not used in accordance with the purposes outlined in the Letter of Agreement must be returned to the Company within 30 days.

The undersigned has authority to sign on behalf of Arthroscopy Association of North America Education Foundation.

Signature: _____ Date: _____

Print Name: _____ Phone: _____

Title: _____ Email: _____