

**Application Cover Sheet for  
2011-2012 Intuitive Surgical Clinical Robotic Fellowship**

Name of fellowship director: \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_ FAX \_\_\_\_\_ Email \_\_\_\_\_

If funded, the CHECK SHOULD BE MADE PAYABLE TO:

Name: \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_ FAX \_\_\_\_\_ Email \_\_\_\_\_

If requested follow up information is not provided, investigators, mentors and surgeons from the host institution will be denied future funding through Intuitive Surgical grant program for 2 years. If the money is not used as stated in the grant and/or is not returned to Intuitive Surgical, the applicant will be ineligible for future Intuitive Surgical grant funding.

I understand and agree to the above stipulation - initials \_\_\_\_\_; date \_\_\_\_\_

Please submit your application by email to [grants@intusurg.com](mailto:grants@intusurg.com)

If you do not have email access, send the original and two copies of your entire grant packet to:

Myriam Curet, MD  
Chief Medical Advisor  
Intuitive Surgical  
1266 Kifer Road, Bldg 102  
Sunnyvale, CA 94086

