

**Application Cover Sheet for
2011 Intuitive Surgical Robotic Research Grant**

Name of Principal Investigator: _____

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

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

