



## 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](mailto: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 [derek@aana.org](mailto:derek@aana.org) or 847-268-2973**

Reconciliation Due Date:	August 31, 2024
Grant ID:	433586
Grant Recipient:	
Program Title/Description:	2023-2024 Orthopaedic Arthroscopy/Sports Medicine Fellowship Grant
Program Type:	Fellowship
Program Date(s):	August 1, 2023 - July 31, 2024
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: \_\_\_\_\_