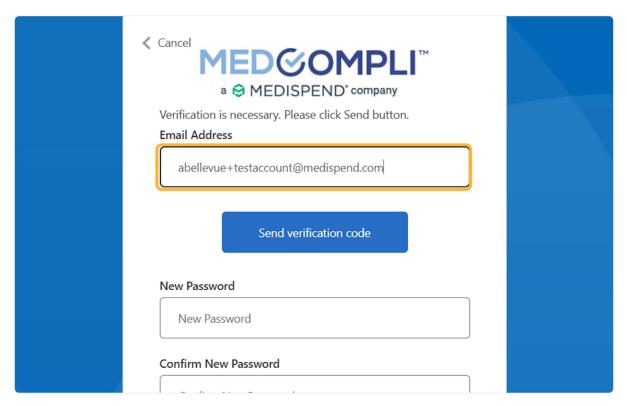


1. Click on sign up now to create a new requestor account:



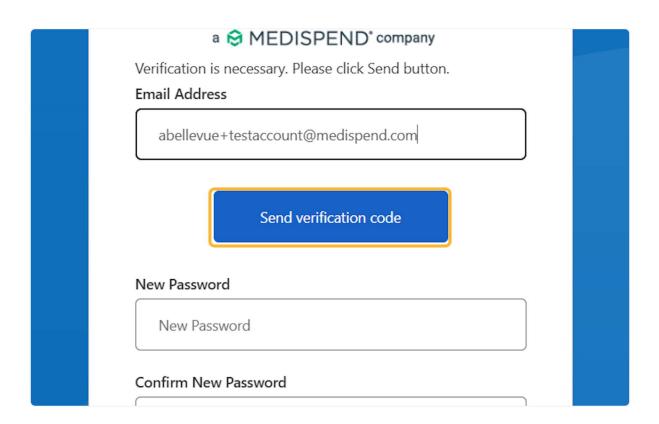


#### 2. Enter your email address:





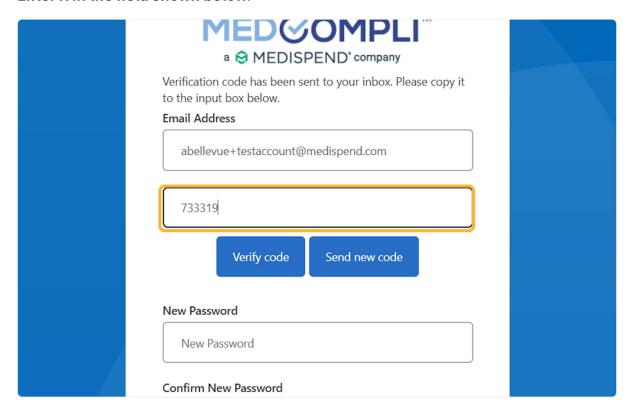
#### 3. Click on send verification code:





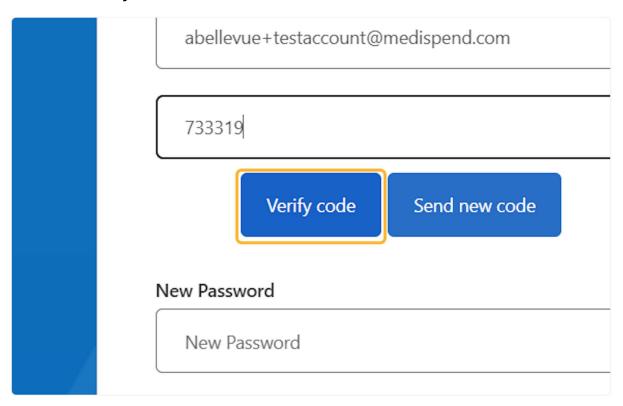
4. Check email. You will receive an email from Microsoft on behalf of MedCompli with a verification code.

Enter it in the field shown below.





### 5. Click on verify code:





### 6. Type /create your password:

E-mail address verified. You can now continue.Email Address	
abellevue+testaccount@medispend.com	
Change e-mail	
New Password	
Confirm New Password	
Confirm New Password	
Display Name	
Display Name	



### 7. Re-enter / Confirm password:

Change e-mail	
New Password	
Confirm New Password	
••••••	
Display Name	
Display Name	
Given Name	
Given Name	



### 8. Enter your display name (first and last name, for example):

New Password	
•••••	
Confirm New Password	
Display Name	
Amy	
Given Name	
Given Name	
Surname	



### 9. Enter your given name (first name):

New Password	
Confirm New Password	
Display Name	
Amy	
Given Name	
Amy	
Surname	
Surname	



### 10. Enter your surname (last name):

New Password	
••••••	
Confirm New Password	
Display Name	
Amy	
Given Name	
Amy	
Surname	
Bellevue	



#### 11. Click on create:

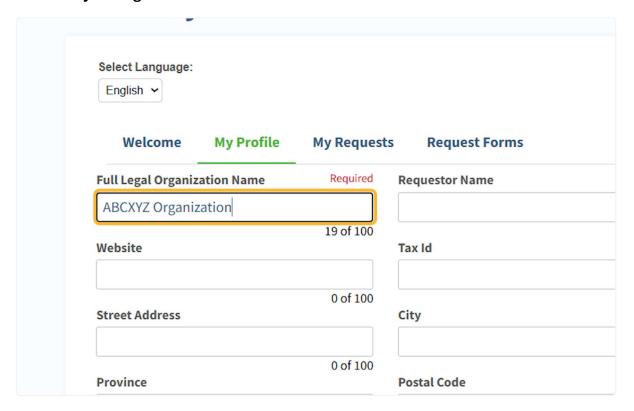
Given Name	
Amy	
Surname	
Surriaine	
Bellevue	
Create	
Please note that if you have an existing MedCompli / MediSpend account the	
password entered will be used for the previous account.	



12. System will log you into the portal. Click on My Profile.

t Grant Re	questor	
ofile My Requests	<b>Charitable Donations</b>	Educational Grants/Exhibits/Sponsorships
		ofile My Requests Charitable Donations nmitted to providing charitable donations, product donati

13. Enter your organization name.



14. Fill in any fields that are applicable to your organisation.



Profile	My Reques	ts Request Forms	
lame		Requestor Name	Requestor Title
		Amy Bellevue (T	
	19 of 100	15 of	
		Tax Id	Tax Status
	0 of 100		
		City	State
	0 of 100	0 of	50
		Postal Code	Please select the Count

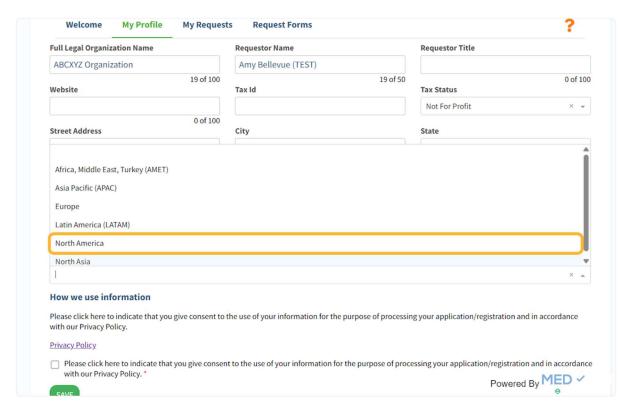


### 15. Enter phone number. For US, enter +1 and the number.

0 of 100			
	City		State
	Haverhill		Massachusetts
9 of 100		9 of 50	
	Postal Code		Please select the Count
	55555		United States of Americ
		5 of 15	
	Phone		Please select the catego
t@medispend.com	+1 2075551212		best describes the requ
t@medispend.com	. 112013331212		Academic Institutions (
			Research Centers or Org
that best represents the l	ocation of the organization or third par	ty submitting t	the request
ion			
.1011			
te that you give consent to	the use of your information for the purpo	ose of processin	g your application/registrat



#### 16. Click on North America:





17. Check "Privacy Policy" to review the Siemens Healthineers policy if needed or just click on the box to accepted and save:

Please click here to indicate that you give conse with our Privacy Policy.

**Privacy Policy** 



Please click here to indicate that you give c with our Privacy Policy. \*

