



PATIENT ADVOCACY SEMINAR 2019 APPLICATION FORM

Name of the patient advocacy group (PAG):

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Country:

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Nominated person name (1 attendee per application):

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Contact e-mail:

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Explain how your PAG/organization benefits from ENGAGe membership and projects

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Date

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Signature of PAG
Contact Person*

**By submitting this application, you agree with the video and audio recording within the Patient Advocacy seminar program in Athens.*

