



## PATIENT ADVOCACY SEMINAR 2023

### 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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\*Are you a cancer patient? If yes, of what type of gynae cancer?

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

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\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of PAG  
Contact Person\*\*

*\*Optional answer. Your answer will help the organizers for better adjustment of the programme.*

*\*\*By submitting this application, you agree with the video and audio recording within the 2023 Patient Advocacy Seminar program in Istanbul.*

