



PATIENT ADVOCACY SEMINAR 2024

APPLICATION FORM

Name of the patient advocacy group (PAG):

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Country:

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Name of the nominated participant (1 attendee per application):

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Contact e-mail and a phone number:

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Name of the second nominated participant (subject to place availability):

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

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Explain in which ENGAGe projects/ activities is your PAG/organization involved in and how. What can be your contribution to ENGAGe in the future?

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Date

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Signature of the PAG
Contact Person*

**By submitting this application, you agree with the video and audio recording within the 2024 Patient Advocacy Seminar and any subsequent programme in Barcelona.*

