

Confirmation form

To ensure that applicant is a confirmed member of a patient advocacy group within ENGAGE, we kindly ask you to complete this confirmation form and have it signed by the head of your organisation. This helps to prevent misunderstandings and ensures that applications are submitted with the organisation's knowledge and approval.

Patient Advocacy Group Details

Organization name:
Organization address:

Applicant Details

Full name:
Role/position in the organisation:
Email address:

Confirming Authority (head of the patient advocacy group)

Full name:
Role/position in the organisation:
Email address:

PAG Representation

Please confirm the following by ticking the boxes:

- The applicant is affiliated with our organization.
- The applicant is a member of the PAG they are representing.
- The applicant is authorized to represent our organization at the Patient Advocacy Seminar 2027.

Applicant:

Date:

Place:

Confirming Authority:

Date:

Place:

