

**PATIENTS MEETING DELEGATE
BURSARY APPLICATION FORM**

Please fill in this registration form in CAPITAL LETTERS and tick where appropriate. This application form is for one applicant only. You are kindly requested to send this form by fax or e-mail to **C&C International Group of Companies**: Tel.: +30 210 6889130, Fax.: +30 210 6844777, e-mail: Eir-patients@candc-group.com

To be completed by the CO:

Receipt date: _____ Application number: _____

I. APPLICANT DETAILS

Surname: _____

First name: _____

Title (Dr, Mr, Mrs, Ms, other): _____ Male Female

Position / Department / Organisation: _____

Correspondence Address (Street & Nr): _____

Organisation Home

City/Town: _____ Post Code: _____ Country: _____

Tel. (please include country code): _____ Fax: _____

Mobile: _____ E-mail*: _____

Social media account(s) (URL) : _____ / _____ / _____

***Kindly notice that this field is mandatory, as all correspondence will be delivered via e-mail.**

II. CONTACT PERSON IN CASE OF EMERGENCY

Surname: _____

First name: _____

Mobile: _____ E-mail: _____

III. HOW DID YOU LEARN ABOUT THE CONFERENCE

Please select one or more of the following options:

1) E-mail	5) Journal / Scientific Publication	9) Colleague
2) Internet	6) Poster	10) Professional / Scientific Association
3) Industry	7) Scientific Event	11) Newsletter
4) Speaker	8) Social Media	12) Other - Please specify :

IV. VISA REQUIREMENTS

If you need a visa invitation, please tick the box

To find out if you need a visa for your trip to Spain please visit the following official website:

http://www.spain.info/en/antes_del_viaje/consejos-practicos/requisitos/

V. MANDATORY REQUIREMENTS FOR PATIENTS MEETING BURSARY APPLICATION

Please consider the following mandatory criteria, check and tick before submitting your application. Patients attending the EIR Patients Meeting are required to meet the following profile requirements:

- Must be able to communicate well in English
- Is in a position to feedback to a wider audience post conference, through local support groups, local hospital education sessions, etc
- Is interested in patient education/self management strategies
- Has links to a national patient group to feedback to
- Could get media coverage in home country about attending the conference, even if only in local press/radio

VI. ADDITIONAL INFORMATION

Please tick and complete as appropriate:

- I am a Lupus patient I am an RA patient
- Please indicate **the patient organization** which has invited your application:

Name

City and country

VII. PATIENTS MEETING BURSARY ENTITLEMENTS

The selection of the successful applicants resides entirely with the EIR Patients Programme Committee. Successful Patients Meeting applicants will be offered the bursary elements listed below in order to allow them to attend the EIR Patients Meeting:

- Economy class tickets from country of origin to Madrid
- 3 nights' accommodation to Madrid for the duration of the Patients' Meeting and EIR conference
- Registration to attend the Patients' Meeting and EIR conference

The Conference Organisers remain at your disposal for any further information and/or assistance required.

I hereby declare that I have been informed about and have accepted the rules prevailing for the Patients Meeting during [Excellence in Rheumatology Conference](http://excellence-in-rheumatology.org), as well as in <http://excellence-in-rheumatology.org>.

Date: _____ / _____ / _____

Signature: _____

day month year (Please do not type your name. Original signature is required.)

Deadline for bursary applications is: 15 October 2011.