

Statement of Participation

I, the undersigned, as the representative of the patient organization named by declare that the patient organization represented by me intends to take part in the Programme Series organized by Academy of Patient Organisations (BETA). Our representative takes part in the events of the Programme Series (held from September 2016 to May 2017 – altogether six occasions - one event planned per month) at least three times, and shares the educational material of the series with other members of the patient organization.

Name: _____

Name of contact person _____

Website: _____

Email address: _____

Phone: _____

On behalf of my patient organization – with this Statement and with the registration on the homepage: beta.info.hu – I accept the terms and conditions of participation in the Programme Series.

Date: _____

Signature: _____

On behalf of: _____ patient organization.