

Grant Application Form for Health Professionals
2nd Pan-European Conference on Haemoglobinopathies
13-14 March 2010, Berlin, Germany

Please complete the form preferably electronically (or use capital letters for hand writing) and return to thalassaemia@cytanet.com.cy or by Fax: +357-22-314552 by **10 November 2009 at the latest.**

APPLICANT'S CONTACT DETAILS	
First name/s:	Surname:
Position:	Specialty:
Email address: -----	
Postal address : -----	
	----- PO Box -----
City -----	Country -----
Telephone (including all dialing codes): -----	
Mobile: -----	Fax: -----

OTHER INFORMATION
The responses you give in each of the following sections will be used to assess your application form for the conference
Q1. What language(s) do you speak?
I. -----
II. -----
III. -----
Q2. Will you be able to follow presentations in English?
Yes <input type="checkbox"/> No <input type="checkbox"/>
Q3. Are you a member of the European Network of Patients' Organisations and Medical Specialists in the Field of Haemoglobin Disorders?
Yes <input type="checkbox"/> No <input type="checkbox"/>
Please provide me with more information on this Network <input type="checkbox"/>

Q4. How many patients are currently treated at your centre (number)?

----- patients with thalassaemia major

----- patients with thalassaemia intermediate

----- patients with sickle cell disease

Q5. Have you been previously sponsored to attend a TIF event (seminar, workshop, conference)? If yes, when?

1.

2.

3.

Q6. Please indicate the reasons why you want to participate in the 2nd Pan-European Conference and what your expectations are of this conference.

DATE: _____

Please note that completion of the application form does not in any way guarantee funding from Thalassaemia International Federation or legally bind the Federation for reimbursement of any costs that may be incurred by the applicant during the processing of the application form.