

Grant Application Form for Patients
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 the latest.**

APPLICANT'S CONTACT DETAILS	
First name/s:	Surname:
Title (Mr, Mrs, Miss, Dr, Prof)	Date of birth (dd/mm/yyyy):
Please indicate your disease: <ol style="list-style-type: none"> 1. Thalassaemia major _____ 2. Thalassaemia intermedia _____ 3. Sickle cell disease _____ 4. Other _____ 	
Email address: _____ Postal address _____ _____ PO Box _____ City _____ Country _____ Telephone (including all dialing codes): _____ Mobile: _____ Fax: _____	
NATIONAL THALASSAEMIA ASSOCIATION DETAILS	
Please give the contact details of the thalassaemia association of which you are a member*	
Name: _____ Email address: _____ Postal address _____ _____ PO Box _____ City _____ Country _____ Telephone / fax: _____	
* OR tick this box if <u>there is no</u> national thalassaemia association in your country. <input style="float: right;" type="checkbox"/>	
* OR tick this box if a national thalassaemia association exists in your country <u>but you do not belong</u> to any. <input style="float: right;" type="checkbox"/>	

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 No

Q3. Is your association member of TIF?

Yes No I do not belong to any association

Q4. Is your association member of the European Network Patients' Organisations and Medical Specialists in the Field of Haemoglobin Disorders?

Yes No I do not belong to any association

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.