Please save this form and complete the details below. This form must be returned to info@eugaoffice.org by 15 May 2024.

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| --- | --- |
| **Workshop Title** |  |
| **Workshop Coordinator**  (Full name and email address) |  |
| **Lenght** |  |
| **Target Audience** |  |
| **Maximum nr of delegates** |  |

**AIMS & OBJECTIVES**

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**DESCRIPTION**

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**STANDARD ROOM SET-UP**

• Standard room set-up is theatre style with a head table for all speakers;

• Standard AV supplied is microphones; laptop; pointer; projection screen

**SPECIAL REQUIREMENTS**

The Workshop coordinator is responsible for additional and/or special requirements. Please state if any special requirements are required (e.g. room set up, models/machines for practical sessions etc.)

**SPEAKERS (4 maximum) -** please indicate full names of speakers, experience and qualification.

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**CHAIRS (1 maximum) – please indicate** full name, experience and qualification.

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| **PROPOSED SCHEDULE** |

Disclosure

This workshop is not proposed or supported by a pharmaceutical/medical devices industry

This workshop involves the following pharmaceutical/medical device company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Kind of support provided by the Industry \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We are a pharmaceutical/medical device company and would like to organize a sponsored Workshop at the EUGA 2024.

Name of the Company\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact person\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Role \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(legible)