



EUGA 2020 – DUBLIN, 22-24 OCTOBER

WORKSHOP APPLICATION

Please save this form and complete the details below. This form must be returned to info@eugaoffice.org by 30 April 2020.

| | |
|---|-------------|
| Workshop Title | |
| Workshop Coordinator (Full name and email address) | |
| Lenght | 120 minutes |
| Target Audience | |
| Maximum nr of delegates | |

AIMS & OBJECTIVES

DESCRIPTION

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

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

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 2020.

Name of the Company _____ Contact person _____

Role _____ Email _____ Tel _____

Date _____

Signature _____
(legible)