**The European Federation of Allergy and Airways**

**Diseases Patients’ Associations (EFA)**

**Annual General Meeting 2012
11-12 May, Dublin**

Please fill out this form and return **by 12 APRIL at the latest** to:

David Brennan by fax: +32 (0)2 218 3141 or e-mail: info@efanet.org

 **REGISTRATION FORM**

Title: Mr./Mrs./Ms. First name: Family name:

Position: Organisation:

Address:

Telephone: Fax:

E-mail: Website:

**I will attend EFA Annual General Meeting & Network Meeting (tick one or both days):**

[ ] on 11 May [ ] on 12 May

**Please indicate the Working Groups you would prefer to participate in (2 max):**

[ ] Severe Asthma [ ] COPD [ ] Food Allergy [ ] Respiratory Allergy **Would you like to make a presentation of any activities over the past year/plans on behalf of your organization:**[ ] Yes [ ] No

If yes, would you like to make the presentation in one of the working group meetings? Why or why not?

[ ] Yes [ ] No, I prefer to present to all EFA members

If yes, what is the topic of your presentation?

**ACCOMMODATION AND TRAVEL ARRANGEMENTS**

In case the number of applications exceeds the funding available, EFA will provide reimbursement to EFA members with the highest needs.

 **How much would your travel expenses be?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_EUR

**\*\*PLEASE WAIT FOR EFA TO CONFIRM FUNDING BEFORE BUYING YOUR TICKET**

**I will need EFA to book a hotel room for me:**

[ ] Yes [ ] No **-**Arrival date: -Departure date: -Number of nights:

**A limited amount for funding may be available for additional members of your organization to attend (max 2
nights). Would you like to apply?**

[ ] Yes [ ] No

**Lunch and dinner on the 11th will be provided by EFA. Do you have any special dietary concerns?**

[ ] None

[ ] Vegetarian

[ ] Other (please specify):

***We look forward to welcoming you!***