

			Full Name						Principal Practice Address						Contribution to Cost of Events			Fee to Service and Consultancy			
	Title*	First Name*	Initial	Last Name*	Specialty	Role	HCPs/ORDMs: City of Prinicpal Practice HCOs: City where registered*	Country of Principal Practice*	Institution Name*	Location	Address Line 1*	Address Line 2	Post Code*	Joint Working*	Donations & Grants to HCOs and Benefitis in kind for HCOs*	Sponsorship agreements with HCOs / third parties appointed by HCOs to manage an Event*	Registration Fees*	Travel & Accommodation*	Fees*	Related expenses agreed in the fee for service or consultancy contract*	
		INDIVIDUAL NAMED DISCLOSURE - one line per HCP/ORDM (i.e. all transfers of value during a year for an individual HCP.															n individual HCP will be summed up: item				
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* means mandatory to fill HCP: Healthcare Professional HCO: Healthcare Organization ORDM: Other Relevant Decision Maker