**Summer School**

**Pharmaceutical Pricing and Reimbursement Policies**

**Monday, 27 July 2020 – Friday, 31 July 2020**

**Vienna, Austria**

**Application form[[1]](#footnote-1)**

**General information**

1) Gender: [ ]  female / [ ]  male

2) Academic title: ……………………………………………

3) First name(s): ……………………………………………

4) Last name(s): ……………………………………………

5) Email: …………………………………………………….

6) Contact telephone number (pls. indicate the prefix for your country, eg. +44 659 54…): + …………………

7) Date of birth (DD/MM/YYYY): …………………………

8) Citizenship: ……………………………………………..

**Work place**

9) Institution (name in country language): …………………….

Institution (name in English translation): ………………………

10) Type of institution: please select

[ ]  Ministry of Health [ ]  Other Ministry (please specify): …………………….

[ ]  National Health Service [ ]  Social Health Insurance

[ ]  Medicine Agency [ ]  Regional authority [ ]  Other (please indicate): …………..

11) Department: …………………………………………………

12) Job title: ………………………………………………………

13) Address – street and nr.: …………………………………..

14) City: …………………………………………………………..

15) Postal Code/ZIP Code: ……………………………………

16) Country: ……………………………………………………..

**Expertise**

17) Professional background: please select

[ ]  Pharmacist [ ]  Medical doctor [ ]  Economist [ ]  Other (please specify): …………………….

18) Job description: ……………………………………………………..

19) Working in the field of pharmaceutical pricing and reimbursement since ………

20) Expertise in pharmaceutical pricing and reimbursement: [ ]  none/newcomer [ ]  fair [ ]  experienced

21) Level of English: [ ]  elementary [ ]  intermediary [ ]  advanced [ ]  proficient

**Motivation**

22) Motivation to attend the Summer School:

Please describe shortly why you aim to attend this course, how the content of the course is relevant to your work and how you plan to apply in your work what you have learned (max. 500 words). Feel free to submit your motivation letter on a separate sheet of paper.

**Funding**

The registration fee of **EUR 1,550** includes tuition, course materials, study visits, participation in a public event providing a panel discussion, internet access at the Summer School venue, lunches (all five days), drinks and coffee/tea during the course, dinner reception (2x) and social dinner (1x), a guided tour through Vienna and the costs for public transportation in Vienna. Furthermore participants (or their funding institution) will be responsible for covering the costs of travel, accommodation and subsistence while in Vienna.

23) I confirm, that funding of my participation to the Summer School is secured: please indicate

[ ]  yes [ ]  no

Comment: …………………….

**Further information**

24) Visa letter: please indicate if you require a visa support letter to attend the Summer School

[ ]  yes [ ]  no

25) Confirmation that I am available for the full period of the Summer School to be held from 27 July – 31 July 2020 in Vienna, Austria: [ ]  yes [ ]  no

26) Is the billing address the same as indicated above? Please select) [ ]  yes [ ]  no

If no please indicate the billing address:

Institution: …………………….

Street: …………………….

City: …………………….

Postal Code/ZIP Code: …………………….

Country: …………………….

**27) Any further comment? (e.g. dietary wishes, suggestions for topics that should be covered at the summer school etc.)**

………………………….

**28) Data protection regulations?**

We are processing the data you entered here for the sole purpose of managing a list of potential attendees at our summer school. Your contact data will not be forwarded to 3rd parties. Details can be found in [our data protection regulations](https://ppri.goeg.at/Data_Protection).

[ ]  I accept the data protection regulations.

**Please send the completed application form by email to** **whocc@goeg.at** **–**

**by Sunday, 31 May 2020!**

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1. Pls. note that the application form must be filled in English. [↑](#footnote-ref-1)