To ePAG EpiCARE



Dear Sir/Madam,

I hereby certify to be the legal representative in charge of the [Insert the name of patient organization].

I was appointed by the General Assembly/Board of Directors on [Insert date/month/year]. I certify to be in charge until [Insert month/year].

I declare that [Insert name and surname] is an appointed patient representative of [Insert the name of patient organization], and as such we endorse him/her to act as an ePAG Advocate in the ERN EpiCARE.

I am committed to communicate if any change should take place before my assignment comes to its expiration.

Date: (DD/MM/YYYY)

Name and surname of a legal representative of patient organization:

Signature:

Name and surname of an ePAG applicant:

Signature: