

Rome,

AIFA
Via del Tritone, 181
00187 – Roma

To the attention of
The Head of Office/Department

Dott. /Dott.ssa

and
General Director of AIFA
(AttivitaEsterne@aifa.gov.it)

Object: An invitation to attend an event

..... intends to invite the doctor to participate
as to the following event: that will take
place at from day to day

The event represents

A number of participants are expected. For every participant

The expenses of trip to the corporate body organizer.

The expenses of stay to the corporate body organizer.

Regarding the Contract with AIFA, the event organizer declares that :

Do not need the contract because it is a free event for the participants

A draft contact is attached to this invitation

There is already an agreement signed in expiring

For the participation of the doctor to the event:

It is not expected any remuneration

It is expected a remuneration of €

which will be paid to AIFA (institutional activities) according to the following formalities:

cc / N° 0395 Bank: Banca Popolare di Bari Agency: Ufficio Enti e Tesoreria - Filiale 130 -
Corso Cavour 19 - 70121 Bari

Enclosure 1 – Template for application to AIFA for the participation to an event <i>Guideline for the management of external activities (university formative courses, congresses, conferences, etc.) from AIFA personnel</i>	Rev. 1	Date:	Pag. 1 of 2
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In the name of: Agenzia Italiana del Farmaco

IBAN: IT 76 V 05424 04297 000000000395

Description of payment: participation of the Doctor to

Contact details of the person making the invitation:

First name - Surname	
Address	
Postcode - Town	
Mail	
Phone number	
Mobile Phone	

Are not allowed participation in events that make use of sponsorship from the pharmaceutical industry, nor economic, nor of any other kind.

The Organizer guarantees that the reimbursement of travel , hotel and the fees if any, have no connection with funds received from pharmaceutical companies.

YES NO

The event organizers cannot make name and qualification of the AIFA participant known without having previously obtained the authorization. In any case, before final authorization, the program should be printed as provisional and the participant's name must be specified "to be confirmed".

Space reserved to AIFA

<p><u>(compilare se l'invito è per persona diversa dal Dirigente di Ufficio/Unità)</u></p> <p>Nome e Cognome:.....</p> <p style="text-align: center;">Parte a cura del Dirigente di Ufficio/Unità</p> <p style="text-align: center;">Parere</p> <p>Favorevole Contrario</p> <p>Commento (facoltativo)</p> <p>.....</p> <p>.....</p> <p>Data/...../.....</p> <p>Firma Dirigente Ufficio/Unità</p>	<p><u>Il Direttore Generale</u></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Autorizzazione</td> <td style="width: 50%;">Diniego</td> </tr> <tr> <td></td> <td>Motivazione:</td> </tr> <tr> <td>.....</td> <td>.....</td> </tr> <tr> <td>.....</td> <td>.....</td> </tr> </table>	Autorizzazione	Diniego		Motivazione:
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