**Match-making Seminar Registration**

I would like to register for the Health Programme match-making seminar of the EEA Grants 2014-2021, which will be held on **January** **16**, **2019** (*expected duration 9,00 -16,00*).

# Registrant Information

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | First name | Last name | Title |
| **Email** |  |
| **Phone** | Country code | Phone number |
| **Date of birth** | Please fill in if you request your flights and accommodation to be arranged. |
| **Organization** |  |
| **Professional Position** |  |
| **Country** |  |
| **City** |  |

# Expression of interest in the Health Programme opportunities

*Please indicate in which special concern of the Programme you are interested in (please select the most relevant one):*

[ ] Mental health promotion and prevention of mental illness with particular emphasis on children´s mental health and well-being

[ ]  Prevention of communicable and non-communicable diseases

[ ]  Civil society empowerment in the health sector

*Please briefly introduce your institution and the nature of your job. Explain why you register for this seminar and describe shortly**key topics/activities you would like to cooperate on in the partnership project with a Czech institution.*

# Flight and accommodation arrangements

*Your flight and accommodation arrangements can be made for you upon request (costs to be covered by the EEA Grants 2014-2021). Please indicate if you prefer your flights and accommodation to be arranged for you through the organizer´s agency. If you arrange your travel independently, your travel and accommodation costs cannot be reimbursed.*

**Flight and accommodation arrangements requested** [ ]

*Please indicate your preferred travel dates and times as well as the airport (from which you will be travelling to Prague and to which you will be travelling back from Prague). Please make sure that you have filled in the name which is in your passport (in registrant information above).*

|  |
| --- |
| **Flight to Prague** |
| **Arrival (to Prague)** |  Date | Time |
| **From the airport** |  |
| **Return flight** |
| **Departure (from Prague)** |  Date | Time |
| **To the airport** |  |  |
| **Accommodation** |
| **Number of nights** |  |

**Dietary requests**

*Please indicate below if you have any dietary requirements.*

[ ]  None

[ ]  Gluten-free

[ ]  Dairy-free

[ ]  Vegan

Other dietary requests:

# RegIstration submission

*Please submit the Registration form via email to the Programme Operator (PO)* ***latest by 14 December 2018****:*

**Lenka Šlitrová** (Ministry of Finance of the Czech Republic)**: lenka.slitrova@mfcr.cz**

*Confirmation will be emailed to the address filled out by the registrant.*

# Data Protection Statement & Personality Rights

*By filling out the registration form, the participant gives consent that the Ministry of Finance of the Czech Republic can process the data provided within the framework of the seminar and allow photographs to be made during the seminar. This includes, unless registered participants object, all handling needed for the applicant’s participation at the event and for the drafting of a list of participants which will be distributed at the seminar, and placing photographs in the pictures gallery of the PO´s website eeagrants.cz or selecting some for articles on the seminar in a journal or newspaper, or in any other web/printed publication.*

*Right of access: applicants have a right to access and ask for changing or deleting their personal data, which will be kept by the Ministry of Finance.*

*The Ministry of Finance would like to contact you occasionally to keep you informed of future Health Programme events and other relevant information. If you do not wish us to do this, please tick this box to be removed from our general distribution list* [ ] *.*