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[entity/applicant information]

COOPERATION APPLICATION FORM

Application for*:

- 1) partnership or co-organization of the event;
- 2) the honorary patronage of the Polish Chamber of Physiotherapists;
- 3) the honorary patronage of the President of the Polish Chamber of Physiotherapists;
- 4) co-funding or in-kind support from the Polish Chamber of Physiotherapists.

Full title of the event:

Objective of the event:

Date, location and duration of the event:

Description of the event and justification in relation to the scope of activity of the Polish Chamber of Physiotherapists:

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Information about the entity/applicant and persons responsible for organizing the event (contact details):

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Information about other partners/co-organizers:

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Information about media patronage:

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Information on planned or undertaken promotional activities:

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* Select the appropriate.

Range of the event:

<input type="checkbox"/> international	<input type="checkbox"/> national	<input type="checkbox"/> regional
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Is participation in the event paid?

YES (fee:) NO

Is it planned to achieve financial profit from the event?

Is the event periodic?

Has the event already been granted honorary patronage by the Polish Chamber of Physiotherapists?.....

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In the event that cooperation involves the Polish Chamber of Physiotherapists providing a grant or material support, the amount of the grant or a form of material support:

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Justification for co-funding or in-kind support:

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Additional information:

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(signature of entity representative/applicant)

Attachments:

- 1) detailed event program;
- 2) list of patrons, media patrons, members of honorary or organizational committees and a list of other institutions whose names or logos will be published in connection with the event;
- 3) press release regarding the event with graphic elements to be posted on the website.