



ASSOCIATION FORM

I, the undersigned born on
in residence in
Country phone
e-mail

Registration on behalf of an organisation¹

.....

Position in the organisation².....

REQUIRE

to join **TEDDY – European Network of Excellence for Paediatric Research**, an independent multidisciplinary, multinational Network aimed at facilitating the performance of good quality paediatric studies and research on medicinal products tailored for children and to guarantying children rights and well-being by providing methodological, ethical, legal, and regulatory guidance. (For a complete understanding of TEDDY including details on TEDDY statute, Bodies, and members obligations, please visit www.teddynetwork.net).

I declare to assume the obligation to pay the admission fee of:

- € 60 (Euros sixty/00) for one year

The membership is for an indefinite period, subject to the right of withdrawal and the continuation of the conditions of eligibility to the Association. The status of member does not entail any burdens, obligations or constraints on the TEDDY Network, except as provided for in the Statute, with particular reference to the compliance with resolutions taken by its representative bodies, in accordance with the statutory powers.

Date Signature

Fees should be paid, indicating your name in the payment order to **TEDDY - European Network of Excellence for Paediatric Research** at the following bank account **IT18G053870400000035264378**

¹ No mandatory

² No mandatory

TEDDY – European Network of Excellence for Paediatric Research

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