Patronage application form

Honorary patronage of the Rector of the Medical University of Gdańsk

Honorary patronage of the Medical University of Gdańsk Select the patronage type

I. App	olicant	's info	rmation
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. Applicant's information	
1. Full name of the person requesting patrono	age
Contact details	
E-mail address	
Telephone number	
I. Information about the event	
Full name of the event/conference/series of the event/con	of events
2. Location of the event	
the event will take place within the MUC	G campus limits
3. Time and venue of the event	
4. Description of the event	
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5. Category of the event	
organised by the MUG unit	organised by the MUG students
preventive initiative	for specialists/scientists
online	for society

6. Partners and coorganisers

7. Information about other patronages
8. Reasons for applying for the patronage
9. Promotional activities related to the event. Information about the event which is being published in the media
10. Ogranisational and material support in the case of granting the patronage
11. Is the Rector's presence required?
YES NO If so, please specify why.
We strongly recommend sending the form via-email to promocja@gumed.edu.pl . You can also deliver a physical, double-printed copy to the Promotion Dept. located in building no.13, Dębinki 7. Date and signature
Filled out by the Promotion Unit
Filled out by the Rector The patronage was granted
The pallottage was gratiled

NO

YES