



## REGISTRATION FORM

### LEGAL NETWORK FOR CANCER PATIENTS (LNCP)

Please complete the form below and email it to: [alex.filicevas@ecpc.org](mailto:alex.filicevas@ecpc.org)

<b>Organisation Name</b> (in English)	
<b>Organisation Name</b> (original)	
<b>Telephone number</b>	
<b>Email address</b>	

We wish to nominate the following individual for the LNCP:

<b>Full name</b>			
<b>Date of birth</b>			
<b>Email address</b>			
<b>Telephone number</b>			
Is this person a member of your organisation?	YES / NO	Has this person ever been diagnosed with cancer?	YES / NO

*Note: all proposed candidates shall speak English.*

**Signature of the representative:**

**Name of signatory in capital letters:**

ANNEX:

- Curriculum vitae of the lawyer (max 250 words)
- Profile photo lawyer (JPG format)