

## Application for a medical mission in 2020

Please forward the complete application form

by fax to: **+49 8341 966 148 - 13**

by email to: [p.berwanger@humedica.org](mailto:p.berwanger@humedica.org)

or by post to: **humedica e.V., Petra Berwanger, Goldstraße 8, 87600 Kaufbeuren, Germany**

**Country of mission:** \_\_\_\_\_

**Period of time:** \_\_\_\_\_

**Alternative (if necessary):** \_\_\_\_\_

Name, first name: \_\_\_\_\_

Address: \_\_\_\_\_

Profession: \_\_\_\_\_

Specialization: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### **Application does not guarantee participation!**

In some cases we receive more applications than needed. We kindly ask for your understanding in case your application is not chosen. You will receive written notice after closing date.

**I hereby agree to the conditions of participation.**

.....  
*Date*

.....  
*Signature of Participant*