



## Annex 1: HoNCAB Network – Application for membership

*Please complete this form, sign it and send it by postal mail to the following address:*

*HOPE (European Hospital and Healthcare Federation)*

*Avenue Marnix 30*

*1000 Brussels*

*Belgium*

Date:

Name of the Hospital:

Country:

Contact details of the Legal Representative:

First Name:

Last name:

Position:

E-mail:

Phone number:

Number of beds (ordinary regimen, both elective and emergency): .....

Activities/Specialties (vascular surgery, infectious diseases, etc...):  
.....

Hospital's Budget:.....

Hospital's Website:.....

N° of EU cross-border patients admitted per year in ordinary regimen, both elective and emergency (please specify the year): ..... (.....)



English-speaking employee appointed as liaison officer for the hospital:

First Name:

Last name:

Position:

E-mail:

Phone number:

Signature of the Legal representative

