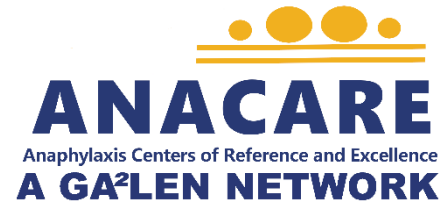


Please enter your address



TO: ANACARE Central Head Office  
GA²LEN e.V. Office  
c/O DGAKI  
Robert-Koch-Platz 7  
10115 Berlin, Germany

Dear ANACARE Office,

Our Anaphylaxis and food allergy centre wishes to join the GA²LEN ANACARE network and apply to become a GA²LEN Anaphylaxis Center of Reference and Excellence (ANACARE).

|                      |  |
|----------------------|--|
| Name of your Centre: |  |
| Head of Department:  |  |
| Email address:       |  |
| Deputy's name:       |  |
| Deputy's email:      |  |
| Website:             |  |
| Address:             |  |

Please briefly explain why you want to become an Anaphylaxis Center of Reference and Excellence?

I confirm that I have read the 32 requirements and confirm that the requirements and deliverables are fulfilled.

Kind Regards,

Your Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Send your application letter to [info@ga2len-anacare.eu](mailto:info@ga2len-anacare.eu)