

DISCONTTOOLS
"Disease Control Tools"

REPLY FORM
DISCONTTOOLS Stakeholder

*Please send this form back to DISCONTTOOLS Secretariat
(t.valinhas@ifahsec.org or fax +32/2/537-00-49)*

ORGANISATION :

Name : First Name :

Title :

Address :

ZIP : City : Country :

Phone : Fax :

e-mail :

<p><input checked="" type="checkbox"/> my organisation wishes to become a stakeholder in the DISCONTTOOLS project</p> <p><input type="checkbox"/> my organisation is not in a position to participate in the DISCONTTOOLS project</p>

Date: _____

Signature: _____