

DISCONTOOLS "Disease Control Tools"

REPLY FORM DISCONTOOLS Interested Party

*Please send this form back to DISCONTOOLS 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 :

my organisation wishes to become an Interested Party in the
DISCONTOOLS project

my organisation is not in a position to participate in the
DISCONTOOLS project

Date: _____

Signature: _____