



Request for credit allocation for a continuing education program for allergology and clinical immunology

For congresses, symposia, lectures, workshops etc.

Applicant

Organisation: _____
Department: _____
Street: _____
Postal code/city: _____

Type of organisation
Clinic / medical organisation
Pharmaceutical company
other: _____

Responsible person

Last name/first name: _____
Telephone: _____
E-mail: _____

Event

Title of the event: _____
Date: _____
Place: _____
Virtual event: yes no
Hybrid event: yes no

Scientific responsibility

Last name/first name: _____
Title: _____
FMH in: _____

Duration of the event¹: _____
Sponsoring: yes no
Names of the sponsors: _____
Do the participants pay a fee? no yes, CHF _____

¹ in hours and minutes, without breaks, without social program



Société Suisse d'Allergologie et d'Immunologie
Schweizerische Gesellschaft für Allergologie und Immunologie
Swiss Society for Allergology and Immunology

For the accuracy of the information

Date: _____

Last name/first name: _____

Please send the completed application, including the detailed program, via email to office@ssai.ch.

A response will be provided within 15 days. Only after confirmation can the event be listed as an officially recognized continuing education program by SSAI.