



Interdisciplinary  
Working Group for  
Movement Disorders

## Partnership Application for IAB

Name of Company/Person:

Name of Authorized Contact Person in Block Letters:

Title/Role of Authorized Contact Person:

Address:

Zip Code:

City:

Country:

Phone of Authorized Contact Person:

Fax of Authorized Contact Person:

Email Address of Authorized Contact Person:

Support Details:

Support Total:

€

Date and Signature, Stamp of the Authorized Contact Person:

Levels of Partnership:

- Platinum Support Total > 10.000 €/Year
- Gold Support Total 5.000 up to 10.000 €/Year
- Silver Year Support Total < 5.000 €/Year

All levels of support receive mention on the IAB website with company logo when reaching a specified level of partnership upon receipt of payment.

Please contact for logistical processing of payments

Dr. Fereshte Adib Saberi for IAB e.K.

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