

Report on advertising of medicinal products

Person submitting the report:		Time of submission:
Name of marketing authorisation holder:		Year:
Name of contact person:	Telephone:	E-mail:
Address:		
Notes:		

Advertising event

Type of event: Select type of event		Event:	
Target group:	Number of participants:	Total cost (EUR):	Purpose of event:

Support awarded to individuals

Beneficiary:	Profession code:	Event:
Organiser:	Purpose:	Venue:
Support awarded (EUR):	including participation fee:	including accommodation:
including transport costs:	including other:	Professional organisation:

Support awarded to events

Event:	Organiser:	Support awarded (EUR):
Purpose:	Own advertising:	

Discounts on medicinal products

Name of proprietary medicinal product:				
Type: Select type		Code of proprietary medicinal product:		Price of proprietary medicinal product (EUR):
Discount beneficiary:	Number of packages:	Discount price (EUR):	Price gap (EUR):	Price gap %:

Samples of medicinal products

Name of proprietary medicinal product:			
Type of sample: Select type of sample		Code of proprietary medicinal product:	Balance at the beginning of the year:
Received:	Distributed:	Destroyed:	Balance at the end of the year:
Source of sample:	Dispatch date:	Number:	Series: