



Member Hospital / Health Service name:

**Member Hospital / Health Service
Coordinator:**

**National / Regional Network name
(if applicable):**

Date of application (Letter of Intent):

Signature and date:

Primary reason for joining HPH is:

Expectations are:

Found out about HPH from:

Colleague

Conference

Internet Search

N/R Network

Scientific Article

WHO

Other

Please specify:

Further comments:

Joining the International HPH Network?

**Please take a few moments to tell us
why:**

Please indicate your reasons and expectations
related to joining HPH in the right-hand form.

If you wish, you can freely select only the fields
that apply to your specific situation and your
specific expectations.