

Name of angioedema center:



Head of angioedema center,
email address:

Deputy, email address:

Address:

Date:

Contact information for patients:
(email address/telephone number)

Website:

Please include a **photo or logo** representing your angioedema center when returning the application form to us.

Dear Professor Maurer,

I wish to join the GA²LEN/HAEi Angioedema Centers of Reference and Excellence (ACARE) network and hereby apply for our center to become an ACARE.

Please explain why you want to become a GA²LEN/HAEi ACARE:

I have read the 32 requirements (see document: "GA²LEN/HAEi ACARE requirements and deliverables") and confirm that our center fulfils the requirements and deliverables.

Thank you very much in advance for your answer.

Name and signature

Please note: Some of the information listed above (including the center's name and address, contact information for patients, website and logo) may be published on the ACARE website.