

HOVON ADDRESS FORM

*Instructions: These data are required for administrative purposes.
Please send to: HOVON Data Center, P.O. Box 2040, 3000 CA Rotterdam, The Netherlands, internal postal address Ee-2155
Or email to: hdc@erasmusmc.nl*

HOVON respects your privacy and will therefore take adequate measures according to GDPR to ensure privacy and security of your personal information on this address form. For further information, please read our [privacy statement on: http://www.hovon.nl/help/privacy-statement.html](http://www.hovon.nl/help/privacy-statement.html)

I agree that my data will be stored and processed by HOVON for the purpose of receiving and providing information about HOVON trials via e-mail or telephone.

Forms without the above checkbox ticked cannot and shall not be processed.

Name

M / F

Title

Function

Telephone (direct)

E-mail

Department

Telephone (department)

Fax (department)

Website (if applicable)

Hospital / institution

Telephone

Fax

Street

Postal code (street)

P.O. Box

Postal code (P.O.Box)

City

Country

Website (if applicable)