

# Packaging Award Application Form



## HCPC-Europe – Patient Compliance Enhancing Packaging Design

### APPLICANT

Name \_\_\_\_\_  
Job Title \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
E-Mail \_\_\_\_\_  
Phone \_\_\_\_\_

### PACK

Name of Product \_\_\_\_\_  
Short Description \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

We sent \_\_\_\_\_ photos and \_\_\_\_\_ sample packs to HCPC-Europe on \_\_\_\_\_ (date).

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

Thank you for your participation in the HCPC-Europe Packaging Award 2010.

Please send your application including photos and samples to  
HCPC-Europe  
Liechtensteinstrasse 46a/1/10  
A-1090 Vienna, Austria

Application must be submitted not later than October 15<sup>th</sup> 2010.