**REGISTRATION FORM**

**Gender and Drugs side event**

**PLEASE SEND YOUR REGISTRATION BY 20 SEPTEMBER 2024 TO THE FOLLOWING EMAIL:** [**gender\_drugs@euda.europa.eu**](mailto:gender_drugs@euda.europa.eu)

**Please inform us in case you withdraw your participation**

|  |  |
| --- | --- |
| **Basic information** |  |
| Email address |  |
| Name |  |
| Gender |  |
| Country |  |
| Affiliation (please provide name and contact details of your organisation) (if not applicable: “other”) |  |
| Professional/educational background (if not applicable: “other”) |  |
| If you have replied other, please specify here |  |
| Main area of work (if not applicable: “other”) |  |
| If you have replied other, please specify here: |  |
| What kind of institution/agency do you work for? (if not applicable: “other”) |  |
| If you have replied other, please specify here: |  |
| **Information relating to attendance** |  |
| Can you confirm your attendance at the gender and drugs symposium in Lisbon, on 22 October 2024, prior to Lisbon Addiction? | Yes  No |
| What are your main motivations to attend the side event on gender and drugs? |  |
| What are you expecting from this event |  |
| Have you previously attended a Lisbon Addictions conference ? | Yes  No |
| Will you attend the event on women and prison on 21/10/2024 afternoon? | Yes  No |

|  |  |
| --- | --- |
| **Data protection** |  |
| I understand that the EUDA will disseminate the video recording and photographs from the Symposium to third parties. I acknowledge that these documents are following the Data Protection and Confidentiality Rules set by the Regulation (EC) No 45/2001, and violating this grants the EUDA the right to further processing on serious and legitimate grounds | Yes  No |
| I hereby declare I willingly agree to be photographed and/or filmed by the contractor of the European Monitoring Centre for Drugs and Drug Addiction (EUDA) during the Symposium 2024 edition | Yes  No |
| In order to illustrate or promote the activities or projects, past, present or future, of the European institutions and the European Union, I authorize the EUDA (please check the box if you authorize) | Yes  No |
| I hereby give my consent to the processing of my personal data to the extent necessary for the achievement of the purposes mentioned above. The EUDA guarantees that personal data relating to me are processed according to the rules set by the Regulation (EC) No 1725/2018. Data may be archived by the EUDA. | Yes  No |
| Authorisation for the taking and sharing of (please check the boxes you authorize): | Pictures  Video content  Presentation Materials: If participants will be presenting at the conference (e.g., giving talks, posters), permission to distribute or share their presentation materials (slides, abstracts) with attendees or online  Feedback and Testimonials: provide feedback or testimonials about their conference experience, which may be used for testimonials on your conference website or promotional materials  Biographical Information: permission to include participants' biographical information (e.g., professional background, interests) in conference materials such as programs or online profiles |
| I understand that I have the right, as data subject, to access data relating to me, to be informed about the existence and the extent of data processing, to rectify incorrect personal data as the case may be and to oppose further processing on serious and legitimate grounds. To exercise these rights, please contact the EUDA at the following address: [dpo@EUDA.europa.eu](mailto:dpo@emcdda.europa.eu) In addition, you may also contact the European Data Protection Supervisor (EDPS) at the following address: [edps@edps.europa.eu](mailto:edps@edps.europa.eu). | Yes  No |
| This authorization shall apply worldwide and for as long as my image is subject to legal protection. It can be withdrawn by informing the EUDA at the following address: [dpo@EUDA.europa.eu](mailto:dpo@emcdda.europa.eu) | Yes  No |