

# INVITATION

MEETING TITLE



45 minute presentation  
plus 15 minutes question time

---

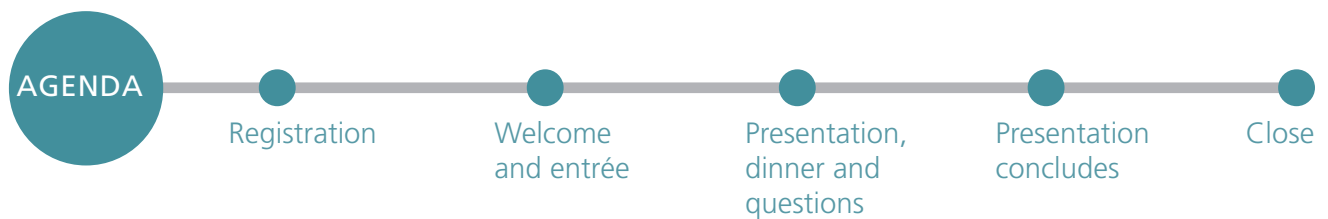
Speaker:

Date:

Start time:

City:

Venue:



**Places are limited.** RSVP to your Lundbeck CNS specialist representative to avoid disappointment.

## Contact details:

Name:

Phone:

Email:

RSVP by:

## FURTHER DETAILS

**Inclusions:** This invitation is for the intended recipient and applicable only for the venue to which they were invited to attend. Lundbeck Australia is not able to provide transport or accommodation associated with this event. As part of the sponsorship we anticipate that you will attend the educational session at the meeting. All attendees are responsible for obtaining approval to receive and/or disclose hospitality as required by their employers or professional association. Lundbeck Australia will not subsidise or pay for the hospitality, travel or other expenses of any guest, family, companion or any other person associated with a delegate attending an educational event.

---

**CPD Points:** This is not an accredited educational activity. Healthcare professionals can self-record their participation and claim CPD/CME points as a self-directed non-accredited activity.

---

**Privacy:** Lundbeck acknowledges and respects privacy. If you would like to know about Lundbeck Australia's privacy policy and procedures please contact Lundbeck Australia on +61 2 8669 1000. Lundbeck Australia's Privacy Policy can be viewed at [www.lundbeck.com.au](http://www.lundbeck.com.au)

---



**Lundbeck Australia Pty Ltd**, ABN 86 070 094 290. Ground Floor, 1 Innovation Road, North Ryde NSW 2113

Ph: +61 2 8669 1000, Fax: +61 2 8669 1090, Medical Information: 1300 721 277

Prepared Dec 2019. FD19274 AU-NPPSY-0011 Form is read only if ticked: