				Sponsorship - Stallergene	es Greer N	orge					
	Full Name	HCPs: City of Principal Practice HCOs: city where registered	Country of Principal Practice	Principal Practice Address	Unique country identifier <i>OPTIONAL</i>	Donations and	Contrib				
	(Art. 1.01)	(Art. 3)	(Schedule 1)	(Art. 3)	(Art. 3)	Grants to HCOs (Art. 3.01.1.a)	Sponsor agreeme HCOs / f parties a by HCOs manage				
	INDIVIDUAL NAMED DISCLOSURE - one line per HCP (i.e. all transfers of value during a year for an individual HCP will be summed up: itemization should be available for										
	Sverre Steinsvåg	Bergen	Norway	Haukeland Universitetssykehus, Laboratoriebygget, 5009 Bergen		N/A	N				
HCOS						N/A	N				
						N/A	N				
	OTHER, NOT INCLUDED ABOVE - where information cannot be disclosed on an individual ba										
	Aggregate amount attributable to transfers of value to such Recipients - Art. 3.02										
	Number of Recipients in aggregate disclosure - Art. 3.02										
	% of the number of Recipients included in the aggreate disclosure in the total number of Recipients disclosed - Art. 3.02										
	INDIVIDUAL NAMED DISCLOSURE - one line per HCO (i.e. all transfers of value during a year for an individual HCO will be summed up: itemization should be available for										
SO											
Τ											
		<u></u>	1	OTHER, NOT INCLUDED ABOVE - where information canno	ot be disclose	d on an indivi	dual ba				
	Aggregate amount attributable to transfers of value to such Recipients - Art. 3.02										
	Number of Recipients in aggregate disclosure - Art. 3.02										
	% of the number of Recipients included in the aggreate disclosure in the total number of Recipients disclosed - Art. 3.02										
	AGGREGATE DISCLOSURE										
Ω											
				Transfers of Value re Research & Development as defined	I - Article 3.0	4 and Sched	dule 1				
				•							

	Per	riod of pub	lication: Janua	ary 1st, 2024 - D	ecemb	er 31st, 2024
bution to co	sts of Events (A 3.01.2.a)	rt. 3.01.1.b &		d consultancy (Art. & 3.01.2.c)		
orship hents with / third appointed Os to e an Event	Registration Fees	Travel & Accommodati on	Related expenses agreed in the fee for service or consultancy Fees contract, including travel & accommodation relevant to the contract			<b>TOTAL</b> OPTIONAL
for the indiv	idual Recipient o	or public author	ities' consultation on	ly, as appropriate)	_	
N/A			14782,00	8062		22844,00
N/A						0,00
N/A						0,00
asis for le	gal reasons				-	
N/A						0,00
N/A						0
N/A						0%
for the indiv	idual Recipient	or public author	ities' consultation on	ly, as appropriate)		
						0,00
						0,00
						0,00
						0,00
						0,00
						0,00
						0,00
	gal reasons Aggregate	Aggregate				
ate HCOs	HCOs	Aggregate HCOs	Aggregate HCOs	Aggregate HCOs		Aggregate HCOs
ımber	number number		number	number		number
%	%	%	%	%		%
					TOTAL AMOUN T	