			Da	ata Disclosur	e Form					Date	of Publication:	20.06.2022
Full Name	HCPs: City of Principal Practice HCOs: city where registered	Country of Principal Practice	Principal Practice Address	Unique Country Identifier OPTIONAL	Donations and Grants to HCOs	Contribution to costs of Events			Fee for service and consultancy		or rubilcation. 2.	29-00-2023
						Sponsorship agreements with HCOs/third parties appointed by HCOs to manage an Event	Registration Fees	Travel & Accomodation	Fees	Related expenses agreed in the fee for service or consultancy contract, including travel & accomdation relevant to the contract		Total Optional
			of value during a year for an individual H	ICP will be sur	mmed up: itemizatio	on should be available	for the individua	l Recipient or public	c authorities' cor			
Bente Brannsether-Ellingsen	Stavanger	Norway	Gerd-Ragna Bloch Thorsens gate 8							15610		15610
Caroline Lund	Sandvika	Norway	G. F. Henriksens vei 29							15610		15610
Cecilie Johannessen Landmark	Sandvika	Norway	G.F.Henriksens Vei 29							61371.25		61371.25
Christian Samsonsen	Trondheim	Norway	Harald Hardrådes gate 5							15610		15610
Claus Albretsen	Tromsø	Norway	Hansine Hansens veg 67							15610		15610
Marte Helene Bjørk	Bergen	Norway	Jonas Lies vei 65							15610		15610
Nessar Ahmad Azrakhsh	Bergen	Norway	Jonas Lies vei 65							15200		15200
Trond Flægstad	Tromsø	Norway	Hansine Hansens Veg 67							15200		15200
		OTHE	R, NOT INCLUDED ABOVE - where inf	ormation canr	not be disclosed on	an individual basis for	legal reasons					
Aggregate amount attributable to transfers of value to such Recipients							0	0	0	0		0
Number of Recipients in aggregate disclosure							0	0	0	0		0
% of the number of Recipients included in the aggregate disclosure in the total number of Recipients disclosed							0	0	0	0		
INDIVIDUAL NAM	IED DISCLOSURE - one line pe	er HCO (i.e. all transfers (of value during a year for an individual H	ICO will be sui	mmed up: itemizati	on should be available	for the individua	l Recipient or public	c authorities' cor	nsultation only, as appropriate)		
Norsk Nevrologisk Forening	Lillehammer	Norway	Storgata 86			80,625						80625
St Olavs Hospital - Barne og Ungdomsklinik	ken Trondheim	Norway	Postboks 3250						15,610			15610
8			R, NOT INCLUDED ABOVE - where inf	formation cann								
물 Aggregate amount attributable to transfers of value to such Recipients					0	0	0	0	0	0		0
Number of Recipients in aggregate disclosure					0	0	0	0	0	0		0
% of the number of Recipients included in the aggregate disclosure in the total number of Recipients disclosed					0	0	0	0	0	0		

٥	AGGREGATE DISCLOSURE	
~	Transfers of Value re Research & Development as defined	0