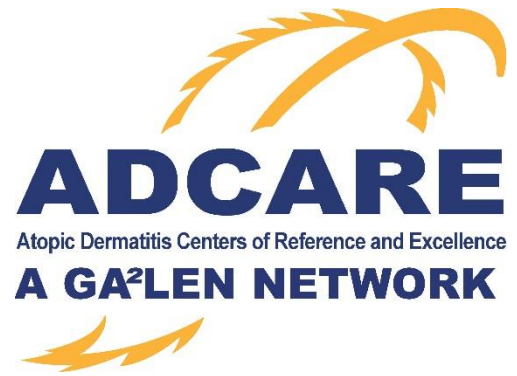


Please enter your address



TO:

ADCARE Central Head Office  
GA<sup>2</sup>LEN e.V. Office  
Luisenstraße 2-5  
10117 Berlin  
Germany

Dear ADCARE Central Head Office,

I wish to join the GA<sup>2</sup>LEN ADCARE network and hereby apply for our Department to become a GA<sup>2</sup>LEN Atopic Dermatitis Center of Reference and Excellence (ADCARE).

Please briefly explain why you want to become a Atopic Dermatitis Center of Reference and Excellence?

I confirm that I have read the 32 requirements and confirm that the requirements and deliverables are fulfilled.

I look forward to joining the ADCARE Network and thank you in advance for your answer.

Kind Regards,

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Your Name and Signature

Date: