	TRANSFERS OF VAL	UE MADE BY {inf	o.companyName}	and companies fr	om its capital grou	p with registered	office outside Pol	and
		Т	ransfers of Value	received by Healtl	ncare professional	S		
First name and surname	Full address of the	Professional Code (optional)	Expenses incurred in relation to the Events			Compensation for services		
	main place of business		Registration fees	Travel and accommodation	Value of sponsorship agreements	Basic remuneration	Additional expenses	Total
		•	INDI	VIDUAL DISCLOS	URE			
			AGG	REGATE DISCLO	SURE			
Total Transfers of Value received by		13741.11	364415.98		226689.56		604846.65	
Number of Beneficiaries covered by the		9	54		24		66	
Percentage of Be	neficiaries covered by the		100.00%	100.00%		100.00%		Not applicable
		Т	ransfers of Value	received by health	care Organisation	IS		
Name	Full address of the	Donations	Expenses incurred in relation to the Events			Compensation for services		
	main place of business		Registration fees	Travel and accommodation	Value of sponsorship agreements	Basic remuneration	Additional expenses	Total
			INDI	VIDUAL DISCLOS	URE			
			AGG	REGATE DISCLO	SURE			
Total Transfers of Value received by Beneficiaries								
Number of Benefi aggregate disclos	ciaries covered by the ure							
Percentage of Beneficiaries covered by the aggregate disclosure							Not applicable	
		Ti	ransfers of Value r	elating to Researc	ch and Developme	nt		
		Transf	ers of Value relating to	Research and Develo	pment			2270309.90