



Dear Anne Skov Vastrup,

On behalf of Pfizer ApS ("Pfizer"), we are pleased to provide the following support to Atopisk Eksem Forening for Atopisk Eksem Forening - Round Table meeting 2024.

To support Atopisk Eksem Forening (AEF) with an educational grant to support a meeting on introduction and discussion of treatment plan for atopic dermatitis . The main objective(s) is to discuss and make awareness of patients living with a dermatologic chronic diseases by inviting politicians, health care professionals and patients to an open dialogue, including an awareness campaign including PR, outdoor and SoMe activities which is of interest to Pfizer because this will increase the understanding of atopic dermatitis among the general population, patients, health care professionals and decision-making entities. The payment will be made direct to the organization. Funding will be provided upon internal processing of the funding, which we would endeavor to complete by September 14, 2024 on a best-efforts basis in the amount of DKK 37.120,00 excl. VAT. The contract shall run from September 14, 2024 to September 14, 2024.

The patient association confirms by their signature that the support from Pfizer does not exceed the patient association's set limit for support. The Patient Association also confirms that the total support does not exceed 50% of the Patient Association's annual budget.

Disclaimer

The Recipient will ensure that the donation is used solely for professional and scientific purposes in relation to the activity and undertakes that any surplus from the donation not used in accordance herewith will be refunded.

Upon request from Pfizer the Recipient must document that the support is spend in accordance with the above-mentioned.

Furthermore the Recipient will be responsible for compliance with all applicable law. Pfizer shall not be liable for damages of any kind and Pfizer provides no indemnification of any type.

By accepting this support from Pfizer, you agree that:

- The financial support from Pfizer will not cause your entity and, to your knowledge, any individuals affiliated with your entity or this support, to do anything that would result in Pfizer improperly obtaining or retaining business or gaining any improper business advantage;
- Neither your entity nor, to your knowledge, any individuals affiliated with your entity or this support, will use any portion of the financial support from Pfizer to directly or indirectly offer or pay any money or anything of value in an effort to influence any Government official or any other person in order for Pfizer to improperly obtain or retain business or gain any improper business advantage, and, have not accepted, and will not accept in the future, such a payment;
- If the support is an educational grant or otherwise to support an educational program, your entity agrees to disclose the fact that Pfizer is providing financial support for the educational program

- This agreement will be publicly available on Pfizer's website (www.pfizer.dk) throughout the term of the agreement and 6 months thereafter. The information must also be made available on the Patient Association's website no later than 1 month after the Patient Association has received the financial benefit. The information must be available on the website for at least 2 years; and
- Pfizer will be entitled to revoke or suspend any financial support if Pfizer learns that your entity or any individuals affiliated with your entity or this support has used or intends to use any portion of the support to improperly seek to influence any Government Official or any other person to obtain or retain business or gain a business advantage
- If the support provided by Pfizer is fully or partly spent on an activity performed by a healthcare professional that is subject to the law regarding healthcare professionals' affiliation with pharmaceutical companies, then you must ensure that:
 - The healthcare professional is informed to report affiliation with Pfizer to the Danish Medicines Agency, and
 - Pfizer is informed of the healthcare professional's full name, email address, workplace, authorization ID, time period of the activity (date(s)) and the amount of payment received by the healthcare professional.

Note:

If the activity does NOT fall under the following categories: Teaching/lecturing, Professional information without advertising purposes, and Research, then the healthcare professional must request and await permission from the Danish Medicines Agency before commencing the activity.

Data Privacy

By signing this Agreement the Recipient agrees that Pfizer archives information about the Recipient and persons employed with the Recipient, who are or have been involved in this agreement. The Recipient carries the responsibility, that the persons who are involved in the agreement are informed and accept the processing and transfer of personal data., including name, contact details, and CVR-no in a global electronic system for processing of personal data. The electronic data processing system is accessible for a number of companies within the Pfizer group. The personal data can be transferred by Pfizer to other companies within the Pfizer group, to business partners as well as relevant governmental authorities, when this is necessary. Such recipients can be situated in countries outside the EC, e.g. the United States (so-called third-countries). For transfers from the EEA to countries not considered adequate by the European Commission, we have put in place adequate measures, such as by ensuring that the receiver is bound by EU Standard Contractual Clauses, to protect your personal data. By signing this Agreement the Recipient agrees that Pfizer may transfer such personal data to third countries in order to fulfil this Agreement and for the purpose of precise identification of Pfizer's business partners.

The Recipient is entitled to contact Pfizer, if the Recipient wishes to access the processed personal information about the Recipient. The Recipient is further entitled to have the relevant information changed or deleted. This applies for all persons mentioned in this section.

If you cannot agree to any of the terms above, please contact your Pfizer contact immediately.

We thank you for your cooperation.

Sincerely,

Date: 26/6/2024

Signature of authorized signatory on behalf of Pfizer:

Anna Skouri

Anna Skouri

Date: 26/6/2024

Signature of authorized signatory on behalf of Atopisk Eksem Forening:

Anne Skov Vastrup

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