



**Guidelines for attending an external meeting as a WMA representative**

**STATEMENT OF UNDERSTANDING**

First name(s): \_\_\_\_\_ Family name: \_\_\_\_\_  
Email: \_\_\_\_\_  
Title of the meeting to be attended: \_\_\_\_\_  
Date(s) of meeting: \_\_\_\_\_ Venue: \_\_\_\_\_  
Website if available: \_\_\_\_\_

I understand that WMA will not reimburse my participation expenses (travel, accommodation, and any other related expenses) for the conference or meeting.

**I understand that I am attending the meeting as a WMA observer, and NOT as an observer of a National Medical Association, a state, any other organisation or in a private capacity.**

I understand that participation as a WMA observer at an external regional or global meeting does not entitle me to speak on behalf of the WMA or any of its entities, unless explicitly mandated. Such a mandate must be obtained in writing via the WMA Secretary General.

Should, during my attendance, I become aware of any information that may have direct consequences for the WMA or to which the WMA should respond immediately, I will inform the WMA office in writing without delay.

During the conference, I can be reached at the following phone number (please include country code): +\_\_\_\_\_

**I have read and understood these guidelines and will comply with them.**

**I will adhere to the [WMA Code of Conduct](#) (POP/Apr2024 8.2) and [Media Relations Protocol](#) (POP/Apr2024 7.3).**

Date \_\_\_\_\_

Signature \_\_\_\_\_

PLEASE COMPLETE THE FORM AND STATEMENT OF UNDERSTANDING AND RETURN THEM TO WMA SECRETARIAT ([secretariat@wma.net](mailto:secretariat@wma.net))