**Incarico**

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| Data: **<<Today\_\_s>>**  **<<Account\_MERC\_Title\_Desc\_GLBL>>**  **<<Account\_MERC\_Sfx\_Nm\_GLBL>> <<Account\_MERC\_Name>>**  **<<Address\_GLBL\_Line\_1\_Adrs\_Txt\_GLBL>>**  **<<Address\_GLBL\_Line\_2\_Adrs\_Txt\_GLBL>>**  **<<Address\_GLBL\_Zip\_Postal\_Code\_GLBL>> <<Address\_GLBL\_City\_GLBL>>**  Questo incarico fa espresso riferimento all’Accordo Quadro per la fornitura di Servizi di Consulenza Scientifica fra Lilly e il Professionista Sanitario ed è soggetto ai termini e alle condizioni in esso previste.  Lilly desidera conferirle l’incarico: |

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| Incontro: **<<Meeting\_MERC\_Name>>**  Data dell’incontro: **<<Meeting\_MERC\_Date\_of\_Event\_MERC\_\_s>>**  Città: **<<Meeting\_MERC\_City\_of\_Meeting\_MERC>>**  Altro (Opzionale): <<Form\_Additional requirements>> |

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I seguenti termini sono applicabili al Servizio:

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Cordiali saluti,

Eli Lilly Italia S.p.A.

Un procuratore

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| [DOCUSIGN-HCP-SIGN]  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Firma del Professionista sanitario Data |

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| :           necessitare   :           necessitare |