		Schedule 2 - Slovenia *Article 2 - Section 2.03*												
		Full Name *(Art. 1.01)*	**HCPs:** City of Principal Practice **HCOs:** city where registered *(Art. 3)*	Country of Principal Practice *(Schedule 1)*	Principal Practice Address *(Art. 3)*	Unique country local identifyer *OPTIONAL* *(Art. 3)*	Donations and Grants to HCOs *(Art. 3.01.1.a)*	Contribution to costs of Events *(Art. 3.01.1.b & 3.01.2.a)*			Fee for service and consultancy *(Art. 3.01.1.c & 3.01.2.c)*		Transfers of Value re Research & Development as defined *(Art. 3.04)*	**TOTAL** *OPTIONAL*
								Sponsorship agreements with HCOs / third parties appointed by HCOs to manage an Event	Registration Fees	Travel & Accomodation	Fees	Related expenses agreed in the fee for service or consultancy contract		
INDIVIDUAL	**HCPs**	**INDIVIDUAL NAMED DISCLOSURE - one line per HCP** *(i.e. all transfers of value during a year for an individual HCP will be summed up: itemization should be available for the individual Recipient or public authorities' consultation only, as appropriate)*												
		OTHER, NOT INCLUDED ABOVE - where information cannot be disclosed on an individual basis for legal reasons												
		Aggregate amount attributable to transfers of value to such Recipients *- Art. 3.2*					N/A	N/A						
		Number of Recipients *(named list, where appropriate) - Art. 3.2*					N/A	N/A						
		% of total transfers of value to individual HCPs *- Art. 3.2*					N/A	N/A						
	HCOs	*INDIVIDUAL NAMED DISCLOSURE - one line per HCO* *(i.e. all transfers of value during a year for an individual HCO will be summed up: itemization should be available for the individual Recipient or public authorities' consultation only, as appropriate)*												
		Univerzitetna klinika za pljučne bolezni in alergio Golnik	Golnik	Slovenia	Golnik 36, 4204 Golnik				800 EUR					
		OTHER, NOT INCLUDED ABOVE - where information cannot be disclosed on an individual basis for legal reasons												
		Aggregate amount attributable to transfers of value to such Recipients *- Art. 3.2*												
		Number of Recipients *(named list, where appropriate) - Art. 3.2*												
		% of total transfers of value to individual HCOs *- Art. 3.2*												
AGGREGATE		*AGGREGATE DISCLOSURE*												
		N/A	N/A	N/A	N/A	N/A							0 EUR	