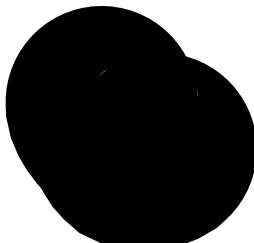
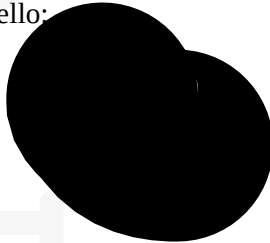
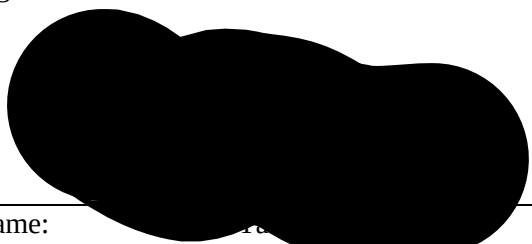
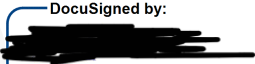


EXHIBIT A	ANEXO A
COLLABORATION REQUEST BETWEEN UCB AND ASOCIACIÓN GUERREROS PURPURA REGARDING SUPPORT AGREEMENT	SOLICITUD DE COLABORACIÓN CONFORME AL ACUERDO MARCO ENTRE UCB Y ASOCIACIÓN GUERREROS PURPURA
This Project Charter is to be read and construed in conjunction with and subject to the Patient Organisation Support Agreement between UCB Pharma, S.A. ("UCB") and ASOCIACIÓN GUERREROS PURPURA dated effective the 29 day of November 2022.	Los Planes de Proyecto deben leerse e interpretarse con sujeción al Contrato de apoyo a organizaciones de pacientes formalizado entre UCB Pharma, S.A. ("UCB") y ASOCIACIÓN GUERREROS PURPURA con fecha de entrada en vigor el 29 de noviembre de 2022.
PARTIES	PARTES
The Parties to this Project Charter are:	Las Partes de este Plan de Proyecto son:
UCB Pharma, S.A. , having its registered office at Plaza de Manuel Gómez Moreno, s/n, Edificio Bronce, Planta 5, 28020, Madrid (España) (" UCB ");	UCB Pharma, S.A. , con domicilio social en Plaza de Manuel Gómez Moreno, s/n, Edificio Bronce, Planta 5, 28020, Madrid (España) (" UCB ");
and	y, de la otra,
ASOCIACIÓN GUERREROS PURPURA a not-for-profit Patient Organisation having its registered office at C/ Modesto Lafuente 60 1°C 28003 Madrid (" PO ").	ASOCIACIÓN GUERREROS PURPURA una organización de pacientes sin ánimo de lucro con domicilio social en C/ Modesto Lafuente 60 1°C 28003 Madrid (" OP ").
1. PROJECT ACTIVITY	1. ACTIVIDAD DEL PROYECTO
Name of the Project: Encuentro de familias+Jornada científica 2024 (the "Project").	Nombre del Proyecto: Encuentro de familias+Jornada científica 2024 (el "Proyecto").
Date(s) of the Project: 28 and 29 September of 2024	Fecha(s) del Proyecto: El 28 y 29 de septiembre 2024
Description of the Project activity:	Descripción de la actividad del Proyecto:
This conference will be attended by professionals of recognized prestige and It helps families to learn more about their children's illnesses and to have more resources at their disposal.	En esta Jornada intervienen profesionales de reconocido prestigio y sirve a las familias para que conozcan más en profundidad las enfermedades de sus hijos y cuenten con mayores recursos.
The Family Gathering is the event that most unites families, partners and volunteers because it allows us to spend time together. families, partners and volunteers because it allows us to spend time together. In addition, the children get to know each other, make friends, play with children with children with difficulties like themselves, and it brings them together. Families of children with rare diseases often live in a disguised loneliness because they do not have other families in their immediate other families in their immediate environment with whom they can share	El Encuentro de familias es el evento que más une a las familias, socios y voluntarios pues nos permite pasar un tiempo juntos. Además, los niños se conocen, se hacen amigos, juegan con niños con dificultades como ellos y les une. Las familias de niños con enfermedades raras suelen vivir en una soledad disfrazada pues no tienen en su entorno cercano otras familias con las que compartir sus vivencias. Con estos encuentros las familias se sienten arropadas y encuentran un sentido de pertenencia y acompañamiento

their experiences. With these meetings, families feel families feel supported and find a sense of belonging and accompaniment.	
sábado 28 de septiembre de 2024 Encuentro de familias 2024 + jornada científica 10.30_ Recepción y entrega de documentación 11.00_ Bienvenida y presentación de la jornada Pilar Jiménez / Presidenta de Guerreros Púrpura Elvira Vacas / Presidenta de la Federación española de epilepsia y Presidenta Europea de IBE SESIÓN DE MAÑANA. Modera Elvira Vacas 11.10_ Taller sobre el manejo de las crisis disociativas • 11.10 ¿Qué son y cómo se llega al diagnóstico? Dra. García Morales / Hospital Ruber Internacional • 11.30 Cómo actuar con un paciente con crisis disociativas. Lucía Vacas Martínez / Hospital Ruber Internacional • 11.50 Preguntas 12.30_ Descanso-Café 13.00_ Evolución de las relaciones entre los diferentes agentes de la epilepsia. Elvira Vacas / Presidenta de la Federación española de epilepsia y Presidenta Europea de IBE 14.00_ Comida Domingo 29 de septiembre de 2024 Encuentro de familias 2024 + jornada científica SESIÓN DE MAÑANA 10.00_ Acreditaciones 10.30_ Taller Social Cómo ayuda el trabajo social a las familias de Guerreros Púrpura. Laura Romero / Guerreros Púrpura 10.50_ Vivir con epilepsia. Raquel Contreras / UCB Pharma 11.10_ Preguntas 11.50_ Descanso-Café 12.20_ Proyecto de ocio y respiro familiar. "Los Guerreros de Melkart". Carlos Márquez y Pilar Jiménez / Guerreros Púrpura 13.00_ Cierre de la jornada 14.00_ Comida y tarde de encuentro	sábado 28 de septiembre de 2024 Encuentro de familias 2024 + jornada científica SESIÓN DE TARDE. Modera Elvira Vacas 16.00_ Taller de dolor en niños • 16.00 Me han dicho que mi hijo tiene el umbral del dolor alto. Experiencias y percepciones sobre el dolor en la infancia con discapacidad. Agustina Borrás. ASPACE Madrid • 16.20 Estrategias no farmacológicas en el tratamiento del dolor. Dr. Lerma. Facultad de Ciencias de la Salud. CSEU La Salle • 16.40 Abordaje clínico del dolor en niños. Dr. Navarro. Sociedad Española de Cuidados Paliativos Pediátricos, PedPal • 17.00 Preguntas 17.40_ Descanso 18.00_ Taller de neurofisiología pediátrica "Todo lo que usted quería saber del ejercicio, pero nunca se atrevió a preguntar" Dr. Lerma / Facultad de Ciencias de la Salud. CSEU La Salle 21.00_ Cena
2. FINANCIAL SUPPORT	2. AYUDA ECONÓMICA
<i>Including direct financial support⁵ or indirect financial support⁶ or payment for Contracted Services⁷.</i>	<i>Incluye la ayuda económica directa⁵, la ayuda económica indirecta⁶ y los pagos por Servicios Contratados⁷.</i>
If UCB will provide financial support for the Project, the following shall apply:	Si UCB proporciona ayuda financiera para el Proyecto, se aplicará lo siguiente:
Amount of funding: € 2,000	Importe de financiación: 2.000 €
Payment schedule: unique payment	Calendario de pagos: pago único
Date or Milestone October of 2024	Fecha o hito octubre de 2024
Description	Descripción
Amount Payable by UCB	Importe a pagar por UCB

€ 2,000	2.000 €
Reimbursement shall be made within 45 days of receipt and approval of invoices or original receipts and a completed expense form. All payments by UCB shall be made to PO by wire transfer to the following bank account ⁸ :	El reembolso se realizará en los 45 días siguientes a la última firma de la solicitud de colaboración. UCB abonará todos los pagos a la OP mediante transferencia a la siguiente cuenta bancaria ⁸ :
The PO will send receipt as proof of the bank transfer received from UCB (Annex B), duly signed and stamped by the PO and its representative as a sign of compliance.	La OP enviará recibo como justificante acreditativo de la transferencia bancaria recibida de UCB (Anexo B), debidamente firmado y sellado por la OP y por su representante en señal de conformidad.
Organisation Name: ASOCIACIÓN GUERREROS PURPURA	Nombre de la organización: ASOCIACIÓN GUERREROS PURPURA
Bank Name: Caixabank	Nombre del banco: Caixabank
Bank Account Number: [REDACTED]	Número de cuenta bancaria: [REDACTED]
Bank Account Owner: ASOCIACIÓN GUERREROS PURPURA	Titular de la cuenta bancaria: ASOCIACIÓN GUERREROS PURPURA
IBAN: [REDACTED]	IBAN: [REDACTED]
SWIFT: [REDACTED]	SWIFT: CAIXESBBXXX
Other information:	Otra información:
3. NON-FINANCIAL SUPPORT⁹	3. AYUDA NO ECONÓMICA⁹
If UCB will provide non-financial support to PO, the following shall apply:N/A	Si UCB proporciona ayuda no económica a la OP, se aplicará lo siguiente:N/A
Date or Milestone	Fecha o hito
Description	Descripción
4. RESPONSIBILITIES	4. RESPONSABILIDADES
PO is responsible for the payment of any applicable taxes associated with this Project Charter.	La OP es responsable de abonar los impuestos aplicables asociados a este Plan de Proyecto.
After due enquiry, PO confirms that its receipt of the support does not violate any Applicable Regulations, including but not limited to the Farmaindustria Code of Practice on Relationships Between the Pharmaceutical Industry and Patient Organisations.	Después de consultarlo, la OP confirma que la recepción de la ayuda no infringe la Normativa Aplicable, incluidos, entre otros, el Código de Farmaindustria sobre las relaciones entre el sector farmacéutico y las organizaciones de pacientes.
In addition, the following is a summary of each of the Parties' main responsibilities:	Además, a continuación se resumen las principales responsabilidades de las Partes:
UCB's Responsibilities:	Responsabilidades de UCB:
1. Financial collaboration for the support of the Family	1. Colaboración económica para el apoyo en el Encuentro de familias
PO's Responsibilities:	Responsabilidades de la OP:
1. Holding of a family meeting to create engagement between families and patients.	1.Realización del encuentro de familias para crear comunidad de pacientes entre las familias y pacientes
5. LOGO/NAME and MATERIALS	5. LOGOTIPO/NOMBRE y MATERIALES
UCB may use the PO's logo/name the PO's materials as described here below:	UCB puede utilizar el logotipo/nombre y los materiales de la OP como se describe a continuación:
N/A	N/A
6. PUBLIC ACKNOWLEDGEMENTS	6. RECONOCIMIENTOS PÚBLICOS

The following public acknowledgements will be from the beginning of this Project:	A continuación se detallan los reconocimientos públicos que se harán sobre el Proyecto:
Communications:	Comunicaciones:
Nature of Communication (e.g. brochure or website)	Naturaleza de la comunicación (p. ej., folleto o sitio web)
Wording of Public Acknowledgement (A,B,C or other)*	Redacción del reconocimiento público (A, B, C u otro)*
A	A
*Examples of Public Acknowledgement:	*Ejemplos de reconocimiento público:
A. "Supported by UCB" (suggests that the program was mainly designed, developed and implemented by the Patient Organisation with support provided by UCB i.e. UCB had at most a distinctly secondary/minimal role in its substantive design, development or implementation)	A. "Con el apoyo de UCB" (indica que la Organización de pacientes se ha encargado principalmente de diseñar, desarrollar e implementar el programa con la ayuda prestada por UCB; es decir, UCB desempeña una función secundaria/mínima en la labor fundamental de diseño, desarrollo o implementación)
B. "PATIENT ORGANISATION in collaboration with UCB" (suggests that the program was jointly designed, developed and implemented by PATIENT ORGANISATION and UCB i.e. that UCB had a greater role than mere arm's length provision of financial support)	B. "ORGANIZACIÓN DE PACIENTES en colaboración con UCB" (indica que el programa ha sido diseñado, desarrollado e implementado conjuntamente por la ORGANIZACIÓN DE PACIENTES y UCB; es decir, que UCB ha desempeñado una función que no se limita a la mera dotación de una ayuda económica)
C. "Endorsed by PATIENT ORGANISATION" (suggests that the program was mainly designed, developed and implemented by UCB with the approval/support of PATIENT ORGANISATION i.e. that PATIENT ORGANISATION had at most a distinctly secondary/minimal role in its substantive design, development and implementation)	C. "Con el respaldo de ORGANIZACIÓN DE PACIENTES" (indica que UCB ha diseñado, desarrollado e implementado principalmente el programa con la aprobación o el apoyo de la ORGANIZACIÓN DE PACIENTES; es decir, que la ORGANIZACIÓN DE PACIENTES ha desempeñado una función secundaria/mínima en la labor fundamental de diseño, desarrollo e implementación)
TIMELINES FOR PERFORMANCE OF RESPONSIBILITIES (if applicable):	CALENDARIO DE CUMPLIMIENTO DE RESPONSABILIDADES (si procede):
Date: 28 and 29 October of 2024	Fecha: 28 y 29 octubre 2024
Deliverable	Producto o servicio final
7. COPYRIGHT AND OWNERSHIP	7. DERECHOS DE AUTOR Y PROPIEDAD
The following has been agreed with respect to the ownership and use of the materials produced during this Project. The materials described below shall be owned by N/A.	Se ha acordado lo siguiente con respecto a la propiedad y el uso de los materiales producidos durante este Proyecto. Los materiales que se describen a continuación serán propiedad de N/A.
Materials:	Materiales:
UCB has the right to use, translate, adapt, distribute, and/or present described materials, etc. for the following purpose (tick as applicable): ¹¹	UCB tiene derecho a usar, traducir, adaptar, distribuir y/o presentar los materiales descritos para el siguiente propósito (marcar lo que proceda): ¹¹
☐ Internal use only (including intranet)	☐ Solo para uso interno (incluida la intranet)
☒ Internal and external use (including internet)	☒ Uso interno y externo (incluida internet)
8. APPLICABLE INDUSTRY CODE(S)	8. CÓDIGOS SECTORIALES APLICABLES

The following pharmaceutical Industry Code(s) shall apply: Farmaindustria Code of Conduct ¹²	Se aplicarán los siguientes códigos del sector farmacéutico: Código de conducta de Farmaindustria ¹²
If the Project involves an activity that will be carried out in several countries, the PO confirms that its main European location is <u>N/A</u>	Si el Proyecto contempla una actividad que se llevará a cabo en varios países, la OP confirma que su principal localización en Europa es <u>N/A</u>
Signatures on following page:	Firmas en la página siguiente:
Agreed and accepted on behalf of PO (Asociación Guerreros Púrpura):	Acordado y aceptado en nombre de la OP (Asociación Guerreros Púrpura):
Sign and seal: 	Firma y sello: 
Name: María del Pilar Jiménez Palacios	Nombre: María del Pilar Jiménez Palacios
Title: President	Cargo: Presidenta
Date: 26-sep.-2024	Fecha: 26-sep.-2024
Agreed and accepted on behalf of UCB Pharma, S.A.:	Acordado y aceptado en nombre de UCB Pharma, S.A.:
Signature:	Firma:
Name: [REDACTED]	Nombre: [REDACTED]
Title: Managing Director	Cargo: Managing Director
Date:	Fecha:
Signature: 	Firma:  DocuSigned by: [REDACTED] AD08132C523747A...
Name: [REDACTED]	Nombre: [REDACTED]
Title: Medical Affairs Head Iberia, Epilepsy & EU Operations	Cargo: Medical Affairs Head Iberia, Epilepsy & EU Operations
Date: 26-sep.-2024	Fecha:
Done in two copies, each Party having received its copy.	Formalizado en dos copias, cada una de las cuales ha sido entregada a una de las Partes.

In Process

Certificado de finalización

Identificador del sobre:		Estado: Enviado
Asunto: Complete with Docusign: ANEXO A - ENCUENTRO FAMILIAS .docx		
Country:		
SPAIN		
Contract: Yes		
Contract Title: ANEXO A - ENCUENTRO FAMILIAS Asoc. Pacientes		
Sobre de origen:		
Páginas del documento: 6	Firmas: 4	Autor del sobre:
Páginas del certificado: 5	Iniciales: 0	
Firma guiada: Activado		
Sello del identificador del sobre: Activado		
Zona horaria: (UTC-08:00) Hora del Pacífico (Estados Unidos y Canadá)		

Seguimiento de registro

Estado: Original	Titular:	Ubicación: DocuSign
26/09/2024 3:03:10		

Eventos de firmante	Firma	Fecha y hora
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Mº del Pilar Jimenez Palacios	Firmado por:	Enviado: 26/09/2024 3:07:10
		Visto: 26/09/2024 10:31:55
Nivel de seguridad: Correo electrónico, Autenticación de cuenta (ninguna)	Adopción de firma: Imagen de firma cargada	Firmado: 26/09/2024 10:38:49
	Utilizando dirección IP: 80.102.56.176	

Divulgación de firma y Registro electrónicos:

Aceptado: 26/09/2024 10:31:55
ID:

	DocuSigned by:	Enviado: 26/09/2024 3:07:11
		Visto: 26/09/2024 3:09:10
Medical Ara Head	Adopción de firma: Imagen de firma cargada	Firmado: 26/09/2024 3:09:21
Nivel de seguridad: Correo electrónico, Autenticación de cuenta (ninguna)	Utilizando dirección IP:	

Divulgación de firma y Registro electrónicos:

No se ofreció a través de DocuSign

		Enviado: 26/09/2024 3:07:11
Area Head Iberia		
UCB		
Nivel de seguridad: Correo electrónico, Autenticación de cuenta (ninguna)		
Divulgación de firma y Registro electrónicos:		
No se ofreció a través de DocuSign		

Eventos de firmante en persona	Firma	Fecha y hora
Eventos de entrega al editor	Estado	Fecha y hora
Eventos de entrega al agente	Estado	Fecha y hora
Eventos de entrega al intermediario	Estado	Fecha y hora

Eventos de entrega certificada	Estado	Fecha y hora
Eventos de copia de carbón	Estado	Fecha y hora
Eventos del testigo	Firma	Fecha y hora
Eventos de notario	Firma	Fecha y hora
Resumen de eventos del sobre	Estado	Marcas de tiempo
Sobre enviado	Con hash/cifrado	26/09/2024 3:07:11
Eventos del pago	Estado	Marcas de tiempo
Divulgación de firma y Registro electrónicos		

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If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. How you must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically is described below.

Consequences of changing your mind

If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. To indicate to us that you are changing your mind, you must withdraw your consent using the DocuSign 'Withdraw Consent' form on the signing page of your DocuSign account. This will indicate to us that you have withdrawn your consent to receive required notices and disclosures electronically from us and you will no longer be able to use your DocuSign Express user account to receive required notices and consents electronically from us or to sign electronically documents from us.

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Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through your DocuSign user account all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us.

How to contact UCB S.A., and its affiliates and subsidiary companies:

You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:

To contact us by email send messages to: [s\[REDACTED\]@ucb.com](mailto:s[REDACTED]@ucb.com)

To advise UCB S.A., and its affiliates and subsidiary companies of your new e-mail address

To let us know of a change in your e-mail address where we should send notices and disclosures electronically to you, you must send an email message to us at [s\[REDACTED\]@ucb.com](mailto:s[REDACTED]@ucb.com) and in the body of such request you must state: your previous e-mail address, your new e-mail address. We do not require any other information from you to change your email address..

In addition, you must notify DocuSign, Inc to arrange for your new email address to be reflected in your DocuSign account by following the process for changing e-mail in DocuSign.

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To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must send us an e-mail to [s\[REDACTED\]@ucb.com](mailto:s[REDACTED]@ucb.com) and in the body of such request you must state your e-mail address, full name, US Postal address, and telephone number. We will bill you for any fees at that time, if any.

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To inform us that you no longer want to receive future notices and disclosures in electronic format you may:

- i. decline to sign a document from within your DocuSign account, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;
- ii. send us an e-mail to [s\[REDACTED\]@ucb.com](mailto:s[REDACTED]@ucb.com) and in the body of such request you must state your e-mail, full name, IS Postal Address, telephone number, and account number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

Required hardware and software

Operating Systems:	Windows2000? or WindowsXP?
Browsers (for SENDERS):	Internet Explorer 6.0? or above
Browsers (for SIGNERS):	Internet Explorer 6.0?, Mozilla FireFox 1.0, NetScape 7.2 (or above)
Email:	Access to a valid email account
Screen Resolution:	800 x 600 minimum
Enabled Security Settings:	• Allow per session cookies

	• Users accessing the internet behind a Proxy Server must enable HTTP 1.1 settings via proxy connection
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** These minimum requirements are subject to change. If these requirements change, we will provide you with an email message at the email address we have on file for you at that time providing you with the revised hardware and software requirements, at which time you will have the right to withdraw your consent.

Acknowledging your access and consent to receive materials electronically

To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please verify that you were able to read this electronic disclosure and that you also were able to print on paper or electronically save this page for your future reference and access or that you were able to e-mail this disclosure and consent to an address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format on the terms and conditions described above, please let us know by clicking the 'I agree' button below.

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