

**EXPRESSION OF INTEREST  
FOR NETWORKS INTERESTED IN JOINING  
ESO TRIALS ALLIANCE (ESOTA)**

**NETWORK SUMMARY**

Network Name	
Network year of formal establishment	
Previous informal network activity (duration)	
Network chair	
Email contact	
Supporting structures (eg. steering committee, working groups)	
Number of centres	
Network activity (randomised trials or closely- related studies conducted)	
Is network endorsed by a national society?	
Society name(s)	
Is endorsement letter provided? (Please provide)	

Please fill in the complete form and send it (including all attachments) to [esoinfo@eso-stroke.org](mailto:esoinfo@eso-stroke.org)