

PARTICIPATION IN THE CALL FOR PROPOSALS TO SET UP “aCCeSS COOPERATION AND TRANSFER PUBLIC-PRIVATE CONSORTIA”

PARTICIPATION FORM

1) CONSORTIA REPRESENTATIVE INFORMATION:

University:

Representative name and surname:

VAT number :

Address:

Telephone number:

E-mail address:

2) OTHER MEMBERS OF THE CONSORTIA (complete a box for each participant)

Entity:

Name and surname:

VAT number :

Address:

Telephone number:

E-mail address:

2) TITLE OF THE PROPOSAL:



3) ACTIVITY FIELD:

- Health services and technologies
- Agrofood
- Smart Cities
- Renewable energies
- Aerospace industry
- Manufacturing industry

4) An action plan is attached according to the characteristics described in the call.

5) The consortia representative signs on behalf of all the members of the consortia, and the fact of applying to this call undertakes the acceptance of its specifications and its results.

In, on the of from 20...

The representative

Signature:

