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

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| **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 acceptation of its specifications and its results.**

In ........., on the .... of ................... from 20…

The representative

Signature: