Dear partners, please provide us with the following information.

1. PIC number (if you don’t have it, register your organization here: <http://ec.europa.eu/education/participants/portal/desktop/en/home.html>)

|  |
| --- |
|  |

1. Please briefly present your organization.

|  |
| --- |
|  |

1. What are the activities and experience of the organization in the areas relevant for this project?

|  |
| --- |
|  |

1. What are the skills and expertise of the key persons involved in this project?

|  |
| --- |
|  |

1. Legal representative:

|  |  |
| --- | --- |
| Title (Mr, Mrs) |  |
| Gender |  |
| First name |  |
| Family name |  |
| Department |  |
| Position |  |
| Email |  |
| Telephone 1 |  |
| If address is different from organization, please, fill in the fields below |
| Address |  |
| Country |  |
| Region |  |
| P.O. Box |  |
| Post code |  |
| CEDEX |  |
| City  |  |
| Telephone 2 |  |