***IDEA CONSULTATION FORM***

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| **Institution data** |
| Name |  |
| Address |  |
| Website |  |
| E-mail |  |
| Telephone |  |
| Fax |  |

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| **Legal form of the institution** |
| Type of institution | Public body |  | Private body |  |
| Unit of Local Government (ULG) or ULG association |  | Company |   |
| Higher Education Institution |  | Non-governmental organization |  |
| If other please specify: |

|  |  |
| --- | --- |
| **Project idea** |  |
|  **Key words** |  |

|  |
| --- |
| **Contact person** |
| First name |  |
| Surname |  |
| Position |  |
| E-mail |  |
| Telephone |  |
| Address, if other than of the organization  | 🞎 Yes | 🞎 No |
| Address | If YES please fill in the fields |