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| **Interested party – a candidate for associated partner** | |
| Name |  |
| Legal status |  |
| National registration number |  |
| Headquarters |  |
| Address for correspondence |  |
| Main activity of the organization |  |
| Short description of the qualification and experience in the field of innovative rahabilitation and occupational therapy methods in severe medical conditions |  |
| Phone number |  |
| E-mail |  |
| Internet page |  |
| Authorised representatives:   1. Name and position 2. Name and position 3. …   n. … |  |