

(Annex B)

Name or Company Name: _____

Legal _____ status:

Established since: _____

Contact person: _____

Email(s) and telephone
number(s): _____

Location: _____

Sector: _____

Areas of interest: _____

wishes to : (a) JOIN THE POLYSEMI NETWORK; (b) COLLABORATE WITH THE
NETWORK

The POLYSEMI network is a useful tool: (a) DEFINITELY – (b) ONLY POTENTIALLY

Objectives which could be shared: _____

Organizational proposals for the network:

Project proposals for the network : _____

Comments (if any):

Contact(s): _____