**INN-PRESSME**

**Registration Form**

**COMPANY INFORMATION (coordinator in case of an innovation concept submitted by a consortium of 2 partners):**

* **Company’s name:**
* **Company Registration Number:**
* **Date of Registration:**
* **Size (Number of employees):**
* **Annual turnover (in millions of €):**

**REGISTERED COMPANY ADDRESS:**

* **Street:**
* **Post code:**
* **City:**
* **Country of registration:**

**APPLICANT CONTACT DETAILS:**

* **Contact name:**
* **First name:**
* **Last name:**
* **Position in Company:**
* **Email Address:**
* **Telephone Number:**

**ADDITIONAL:**

* **Will the innovation concept be submitted by a consortium of 2 partners?** Yes or Not.
* **2nd partner´s company name:** (if it is submitted by only 1 partner indicate n/a)
* **2nd partner´s company registration number:** (if it is submitted by only 1 partner indicate n/a)
* **How did you learn about INN-PRESSME?** E.g. from one of the project partners, from its webpage, from social media, at a conference etc.