**APPLICATION FORM 1.1 Applying Institution:**

|  |  |
| --- | --- |
| Country: |  |
| Legal Name: |   |
| Short Name: |   |
| Legal Status | International organisation  | ⬜ |
| EU Institution | c |
| National authority | c |
| Regional authority | c |
| Local authority | c |
| Non-profit Association  | c |
| Research organisation  | c |
| Other | c |
| Address: |   |
| Accreditation (if applicable): |   |
| Department involved | Name: |   |
| Address: |   |
| Web page: |   |   |
| Main contact person | Title: |   |
| Name: |   |
| Position: |   |
| E-mail: |   |
| Other contact person | Title: |   |
| Name: |   |
| Position: |   |
| E-mail: |   |
| WEB links related to the mission and UCH site’s former/ ongoing projects  |   |   |

By submitting this Form, I consent the related data to be stored in the CREAMARE database, and be used to register me as a Participant.