



APPLICATION FORM

Call for Expression of Interest (Eoi)
**FOR THE IDENTIFICATION OF 3rd PARTIES TO ORGANIZE AASTMT ONE STOP SHOP
"IOSS" LAUNCH EVENT**
– MAIA TAQA project ENICBC MED

To: AASTMT

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sandra.haddad16@gmail.com

Section 1: Service Provider information

Name _____

Date of registration _____

Location _____

List previous experiences:

Address _____

Telephone number _____

E-mail _____

Contact person _____

Section 2: Requirements

a) Declaration on the required selection criteria:

I declare to:

- Have experience in event management and the fields indicated in EoI for years;

I also declare to have the following additional credits to handle this event:

-
-

The amount of money required to manage the event including all required tasks mentioned in the EOI:

..... Euros

b) Declaration of non-conflict of interest:

I declare that I am not in a position of conflict of interest with respect to the activity subject to the expression of interest.

I authorize the use of my personal data in compliance with the rules established by EU Regulation 2016 / n. 679.

In attachment is my company's profile.

Date _____

Signature _____