

Institution _____
Address _____
tax code./ VAT _____
website _____ e-mail _____
tel. _____ fax _____
I, the undersigned _____
born in _____ on/...../.....
resident in _____ () street _____ n. _____,
profession _____ educational qualification _____
role in the Institution _____

ASK

that the institution I represent can be entered as a **Partner** in Network **ERTIME – European Research Training Innovation Management Entrepreneurship**
of which is responsible the no-profit Association I.S.P.E.F. Istituto di Scienze Psicologiche dell'Educazione e della Formazione, registered office in Rome, via D. Comparetti 55/A,

for the following reason _____

_____,/...../.....

in witness



The Executive Board of the I. S.P.E.F. , met on _____
agree
-----with the admission of _____
disagree

as a **Partner** in Network **ERTIME – European Research Training Innovation Management Entrepreneurship**

Rome, _____

I.S.P.E.F. President
Dr. Fausto Presutti