



Application form to become part of the Lideral Network.

1 General Information

Name of the Entity/Institution _____

City _____

Address _____

Post Code _____

Province _____

Continent _____

Country _____

Nº of persons working for the entity/Institution _____

Type of work it does _____

Website address _____

2 Details of the contact person

Politician in charge

Name _____

Position _____

Telephone _____

Fax _____

E-mail _____



Technical staff member in charge

Name _____

Position _____

Telephone _____

Fax _____

E-mail _____

Send to:

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