

## Registration form<sup>1</sup> - IPeuropAware project Request access to the IP toolbox

NAME AND SURNAME OF THE APPLICANT	
POSITION IN THE INSTITUTION	
INSTITUTION	<i>Original Name</i>  <i>English Name</i>
LEGAL STATUS	<input type="checkbox"/> public organization <input type="checkbox"/> no profit organisation
NAME AND SURNAME OF THE LEGAL REPRESENTATIVE	
GEOGRAPHICAL AREA OF ACTIVITY	<input type="checkbox"/> Regional <input type="checkbox"/> National <input type="checkbox"/> Transnational
ACTIVITY SECTOR OF THE ORGANIZATION	
ADDRESS	
PHONE NUMBER	
FAX NUMBER	
E-MAIL ADDRESS	
REQUEST ACCESS TO THE IPeuropAware TOOLBOX FOR:	<input type="checkbox"/> EU Institutions
	National and Local Actors : <input type="checkbox"/> the National IP Office is IPeuropAware project partner <input type="checkbox"/> the National IP Office is not IPeuropAware project partner
OBJECTIVE OF THE REQUEST	<input type="checkbox"/> to be proactive in the IPR field <input type="checkbox"/> to improve my competence for the provision of Services to SMEs <input type="checkbox"/> to improve the competence of the operators of my Institution <input type="checkbox"/> to suggest tools/training material to enhance the toolbox <input type="checkbox"/> other (please specify)

<sup>1</sup> To be sent per e-mail to your National Intellectual Property Office (contact details can be found on InnovAccess website)

## Letter of acceptance <sup>2</sup>

I, as representative of Name of Institution in the quality of \_\_\_\_\_, declare that my institution accepts the following conditions:

1. We intend to use the tools/training material only for no-profit use
2. Tools/training materials are intended to be used only by the above mentioned Institution.
3. Transfer of data to other institution or subjects is not allowed
4. We intend to access the toolbox within the IPeuropAware project framework
5. We accept to supply information regarding monitoring activities and results of the utilization of the tool when requested by the national IP office or by the IPeuropeAware Project Partners.

Date

Name of Institution representative  
Signed  
Stamp

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<sup>2</sup> To be undersigned by the applicant in the Institution Official Letterhead