**BREEZE Innovation Workshop**

**Indoor Air Treatment Solutions**

**30 November 2020**

**ZOOM Digital Platform**

**Registration Form**

**Photo**

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| --- | --- |
| Participant Name: (*please insert photo)* |  |
| Email address:  |  |
| Organisation name:  |  |
| Organisation full address: |  |
| City and Country: *(including postcode)* |  |
| Website:  |  |

|  |
| --- |
| Organisation profile (size, industry, main activities & products): |
|  |
| Short Participant Biography: |
|  |
| Your interest regarding this event: *(if you are not a project partner, please answer)* |
|  |
| *Please email this form back to:* info@cnt-innovation.com  |

**Privacy Notice:** All the information provided by you in this form will be used only by **CNT Innovation SPRL/BVBA** (facilitators of this workshop)., for the purpose of this or similar events and it will be shared only with **BREEZE** project partner (LEITAT). If you have any query, please send an email to**info@cnt-innovation.com**