PARTNER INFORMATION SHEET

Please provide the following informations:

|  |  |
| --- | --- |
| Please briefly present the partner organisation (e.g. its type, size, scope of work, areas of specific expertise, specific social context) |  |
| Provide three reasons why Network will be useful for your association |  |
| Provide three benefits your association hopes to gain from the Twinning relationship |  |
| What are the main topics which you like to exchange the experience?  |  |
| Do you have twinning cities? Please write the names of cities if applicable  |  |
| Legal representative (name, adress, phone number, e-mail) |  |
| Activity contact person (name, adress, phone number, e-mail) |  |

**Municipality of …………… /name of city, local authority or organisation/**

**has expressed interest in participation of Network of Towns**

Representatives of organisation:

1. Name, position, sign
2. …………..