**Template: PM3.B - Associated Partner Information**

Please fill in the list below with the information on the Associated Partner:

|  |  |
| --- | --- |
| Name of the organisation |  |
| Type of Institution |  |
| City |  |
| Address |  |
| Country |  |
| Web-Site |  |
| Name of contact person |  |
| Email of Contact Person |  |

Please provide a brief description of the organization

Please describe how the organisation will contribute to the dissemination and exploitation of the project results