

## SOCIAL INNOVATION FUND

Code: 191678556 Savanoriu pr. 1, LT-44255 Kaunas, Lithuania. Tel. +370 3720 65 75, +370 37 20 83 31 Fax: +370 37 20 65 75

E-mail: L.Mecajeva@LPF.LT

Account No. LT857300010034317805 AB "Swedbank" Kaunas branch.

## PRE-REGISTRATION FORM EUROPEAN PROJECT PLANNING

Please send via fax to Mrs. Liudmila Mecajeva: +370 37 206575

## I, the undersigned

	Name of the Institution:							
	Role in the institution:							
	Address:							
	Post Code and City:							
	Country:							
	Telephone Number/s:							
	Fax Number:							
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