**FORMULARZ ZGŁOSZENIOWY**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **DANE ORGANIZACJI** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Imię i nazwisko | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Numer telefonu | | | | | | | |  | | | | | | | E-mail | |  | | | | | | | | | | | |
| Nazwa organizacji | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Forma prawna organizacji | | | | | | | | fundacja  stowarzyszenie  inna (wskazać jaka) ………………………………………………..……………………………………………….… | | | | | | | | | | | | | | | | | | | | |
| Numer KRS lub numer i rodzaj innego rejestru | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| NIP |  |  |  | |  |  | | |  |  |  |  |  | REGON | |  | |  | |  |  | |  |  |  | |  |  |
| **DANE TELEADRESOWE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Województwo | | | |  | | | | | | | | | | Gmina | | | | |  | | | | | | | | | |
| Miejscowość | | | |  | | | | | | | | | | Kod pocztowy | | | | |  | | | | | | | | | |
| Ulica | | | |  | | | | | | | | | | Nr budynku | |  | | | | | | Nr lokalu | | | |  | | |
| Zakres działalności (wpisz główne obszary aktywności | | | | | | | 1. …………………………………………………………………………………………………………………………………… 2. …………………………………………………………………………………………………………………………………… 3. …………………………………………………………………………………………………………………………………… | | | | | | | | | | | | | | | | | | | | | |
| **FORMA WSPARCIA** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Zgłaszane zapotrzebowanie | | | | | | | z zakresu prawa  z zakresu księgowości  z zakresu marketingu  z zakresu informatyki  z zakresu pozyskiwania środków zewnętrznych  inne, jakie? ..............................................................................................................  Szczegółowa tematyka wybranego poradnictwa:  …………………………………………………………………………………………………………………………………………  …………………………………………………………………………………………………………………………………………  …………………………………………………………………………………………………………………………………………… | | | | | | | | | | | | | | | | | | | | | |
| Proponowany termin konsultacji (data, godzina) | | | | | | | …………………………………………………………………………………………………………………………………………… | | | | | | | | | | | | | | | | | | | | | |

……………………………………………..

pieczęć organizacji/podpis osoby   
korzystającej ze wsparcia