

## **BioNat Academy** Academic Partnership Form



## Academic Institution:

Full Address:

Institute main activities (affairs):	
Postal code:	
Country:	
Telephone:	
Landline Tel:	
Fax:	
Mobile:	
Email:	
Web address:	
Name of organization's head:	
Contact person:	
Position of contact person:	
Notes:	
Signature (Original):	Date

Date:

Stamp:

All correspondence concerning partnership will be directed to your designated contact person at the address above. Guidelines for complimentary partner registrations will be sent after form is received.

## Partnership Policy:

Both partners should declare this partnership in their official website, social media pages and disturbed throughout their communication networks, if any.

Note: Please fill in the form, sign, and scan then send it to **bionat.global.academy@gmail.com** along with company's logo (transparent high resolution).