

**PROJECT REGISTRATION FORM**

*Non-confidential information*

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| **Project title** |  |
| **Applying Institution (legal/physical entity)** |  |
| **Summary of project idea (up to 1p. )** |  |
| **Objectives (basic/applied/**  **translational)** |  |
| **Work plan/ time frame**  **(detailed plan)** |  |
| **Access to INFRAACT facilities required** |  |
| **Expertise from INFRAACT required** |  |
| **Contacts** |  |
| **Key experts** |  |

***Note****:* *This Registration Form serves to certify a project proposal with request of access to infrastructure equipment in the system. The information provided is considered non-confidential and is subject to assessment by the RI's Expert Board. In case of a positive decision, the information in the form will be used as a basis for contract negotiation with the client.*

Please send the completed form to:

By post to: Office „Projects and services“, Research Infrastructure “Cell technologies in biomedicine” (INFRAACT), 8, Dragan Tsankov Blvd, 1164 Sofia, Bulgaria

Electronic copy to e-mail: [alliancecelltechnologies@abv.bg](mailto:alliancecelltechnologies@abv.bg)