

BioNat AcademyAcademic 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:
	Stamp:
	nership will be directed to your designated contact lines for complimentary partner registrations will
Partnership Policy:	
rai diersinp rolley.	

pages and disturbed throughout their communication networks, if any.

Both partners should declare this partnership in their official website, social media

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).