





WP 7.2.2 - ASSOCIATED PARTNER FORM

Please fill in the list below with the information on the Associated Partner:

| Name of the organisation | IES MARE NOSTRUM | | | |
|--------------------------|---------------------------------|--|--|--|
| Type of Institution | PUBLIC VET SCHOOL | | | |
| City | ALICANTE | | | |
| Address | C/ Beato Fco. Castelló Aleu s/n | | | |
| Country | Spain | | | |
| Web-Site | iesmarenostrum.edu.gva.es | | | |
| Name of contact person | Gerardo Jara Leal | | | |
| Email of Contact Person | gerardo@iesmarenostrum.com | | | |

Please provide a brief description of the organization

| VET School in Alicante | | | |
|------------------------|--|--|--|
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Please describe how the organisation will contribute to the dissemination and exploitation of the project results

- Exchange of experience and expertise during and after the project
- Participation in the Dissemination of the project information
- Promotion of the information about the project to our network of contacts
- Contribution to exploitation and sustainability of the project results
- Contribution to the maintenance of the project results in the future





