

DECLARATION OF COOPERATION

Company / Institution:

Street, house number:

Zip code, City:

Contact person:

Department:

Telephone:

E-mail address:

Industry sector:

Products:

Services:

Number of employees:

By submitting this statement, the participating institution agrees to the terms of the recomine covenant dated Feb. 21, 2022.

Signature

Please complete this document and send it to recomine@hzdr.de.