OFFER OF COOPERATION 24 November 2010

LAGs that are interested in making contact with LAGs from other countries and the European networks here present can complete this form in order to better prepare these meetings and moments of exchange.

	Identity of the LAG
Name of the Local Action Gr	oup or <i>Pays</i> :
Town, Region and Country:	
Leader Objectives and Them	es enlisted:
Full name of the contact per	son:
E-mail:	Telephone:
Languages spoken:	
	The Cooperation Project
Description of the cooperation	on project, state of progress:
Desired state, type of aid requested (partner search):	
Position desired t Leader	he French LAG assume for the cooperation: Partner
Type of partner looking for:	
Selected <i>Pays</i> :	
Have you already contacted	partners? Which ones?
Proposed types of actions:	
Type of actions led:	