**Matchmaking event**

**for the programme**

**“Local Development, Poverty Reduction and Enhanced Inclusion of Vulnerable Groups”**

**October 24, 2018, Sofia, Bulgaria**

**REGISTRATION FORM**

|  |  |
| --- | --- |
| Name of the participant |  |
| Phone number |  |
| E-mail |  |

**Please provide the name and a short description of your organization:**

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| --- |
|  |

**Project area of interest (*more than one answer could be selected*):**

1. **Increased social and economic development in disadvantaged municipalities**

[ ]  Preparation of local development plans in the municipalities

1. **Enhanced social inclusion of children and youth**

[ ] Supporting the early childhood education and care in the kindergartens

[ ] Youth centres

**Short description of your potential project idea:**

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| --- |
|  |

 **Short description of the partner that you would like to find for this project:**

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| --- |
|  |

**Please send this registration form by August 31, 2018 to the following e-mail addresses:** d.uzunova@mon.bg; v.grancharova@mon.bg,

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place, date Name, signature