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### DECLARATION OF INTEREST FORM

**For the project: Business Development Training and Support for Non-native Small Business Owners - "Enter 4 All"**

<b>Company name:</b>	
<b>Company Registration No (AFM):</b>	
<b>Name of Legal Representative:</b>	
<b>Company type and activity:</b>	
<b>Business Address:</b>	
<b>Contact Information (e-mail &amp; phone number):</b>	
<b>I consent to be contacted by a representative of 'Enter 4 All' regarding potential participation in the Project's activities</b>	Yes
<b>Name &amp; Signature:</b>	

Please return the form to: [customerservice@stratigon.gr](mailto:customerservice@stratigon.gr)