

# EUROPEAN UNION ENGAGEMENT SUPPORT PROGRAMME

## Expression of interest form\*

Information about the  
organisation/institution

Information about the  
proposed delegate

Name

Title

Country

First name

Sector

Last name

Areas of activity

Nationality

Website, if available

Email

Telephone number (e.g. +32 (0)2 231 0128)

Area(s) of expertise

*\* Should you be unable to fill in this form,  
please provide this information by email.*



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EU Cyber Direct



## Motivation

Please describe how your organisation/institution will benefit from the participation in the intersessional meeting.  
*max 250 words*

## Added value

Please describe briefly your possible contribution/the added value of your participation in the intersessional meeting.  
*max 250 words*

## Follow up

Please describe how you intend to ensure the follow up to your participation in the intersessional meeting through your activities.  
*max 250 words*