

Inovetix Solutions

www.inovix.org (NPOs)

ATH.GR

Application form

Date:

Name:

Address:

State/Province:

Zip/Postal Code:

Country:

Service 1:

Service 2:

Comments:

Informations

Please fill the above details and send us the application form using our contact form in the Inovetix Solutions website. We will examine your application and we will contact you as soon as possible.

* In the comments field please place any comments in order to support your application.

* All information you supply is confidential and we will not use it for any reason or pass it to third parties.