

# Proposal Submission Forms



EUROPEAN COMMISSION

6<sup>th</sup> Framework Programme for  
Research, Technological  
Development and Demonstration

## Integrated Project

# A2

Proposal Number <sup>1</sup>		Proposal Acronym <sup>2</sup>	MENTAL CHANGE
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Information on Participants			
Participant number <sup>26</sup>			
<b>Participant organisation</b>			
Organisation legal name <sup>11</sup>		BIC Group s. r. o.	
Organisation short name <sup>12</sup>		BIC Group	
Legal address			
PO Box <sup>13</sup>	-	Postal Code <sup>13</sup>	811 03 Cedex <sup>13</sup> -
Street name and number <sup>13</sup>		Zochova 5	
Town <sup>13</sup>	Bratislava	Country <sup>14</sup>	Slovakia
Internet homepage		www.bicba.sk/bicgroup	
Activity Type HE, RES, IND, OTH <sup>15</sup>	OTHER	Legal Status GOV, INO, JRC, PUC, PRC, EEIG <sup>17</sup> , PNP <sup>16</sup>	PRC
If Legal Status "PRC", specify <sup>18</sup>		Ltd.	
Is the organisation a Small or Medium-Sized Enterprise (SME)? <sup>19</sup>			YES/NO NO
Are there dependencies between the organisation and (an)other participant(s) ? <sup>20</sup>			YES/NO NO
If yes, participant number	-	If yes, participant short name	-
Character of dependence SG, CLS, CLB <sup>21</sup>			
If yes, participant number	-0	If yes, participant short name	-
Character of dependence SG, CLS, CLB <sup>21</sup>			
If yes, participant number	-0	If yes, participant short name	-
Character of dependence SG, CLS, CLB <sup>21</sup>			
<b>Person in charge<sup>22</sup></b>			
Name	Streleck_	First name(s)	Ján
Title <sup>23</sup>	Mr.	Sex: Female=F, Male=M <sup>24</sup>	M
Department/Faculty/Institute/ Laboratory name		BIC Group	
Address (if different from above)			
PO Box <sup>13</sup>	-	Postal Code <sup>13</sup>	- Cedex <sup>13</sup> -
Street name and number <sup>13</sup>		-	
Town <sup>13</sup>	-	Country <sup>14</sup>	-
Phone 1 <sup>25</sup>	+421-2-5441 7515	Phone 2 <sup>25</sup>	-
e-mail	strelecky@bicba.sk	Fax <sup>25</sup>	+421-2-5441 7522

Previously submitted similar proposals or signed contracts? <sup>10</sup>		YES/NO	NO
If yes, programme name(s) and year	-		
If yes, proposal number(s) or contract number	-		

For a proposal to be considered as complete, all questions must be answered. If a field is not applicable to you, please enter -.