

THE PAM AWARD 2022

EXCELLENCE IN THE MEDITERRANEAN

APPLICATION FORM

Name of individual/institution/organisation	
Name of representative(s)s in case of institution/organisation	
Document No.	
o ID Card / or	
 Passport 	
Address	
Country	
E-Mail:	
Phone:	
Fax:	



Overview of the activities relevant to the mission of PAM:

1	
1	
1	
1	
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1	

Please attach any additional documents that are relevant to the application process

Date: _____

Signature