Annex II



**Activity T3.3 - B\_B Transnational Cross-Field Visits**

**Cross Field Visit Final Report**

1. First Name: Last name:
2. Position:
3. Name of your organization:
4. Field of activity

|  |  |  |  |
| --- | --- | --- | --- |
| Aquaculture | Fishery | Biotechnology | Coastal & Maritime Tourism |
| Renewable Energy | Mineral Resources | Transport | Offshore oil and gas |
| Coastal Protection | Desalination | Utilities | Shipbuilding and Ship Repair |
| Research & Innovation | Higher education | Public administration | Marine acquatic products |

1. Country:
2. Type of organization:

SME

Big Company

University

Research Institute

Technology Transfer Organization

Local/National Authority

End-users Organization

Cluster

1. Number of employees:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1-10 | 11-25 | 26-50 | 51-250 | over 250 |

1. Turnover

Non-profit organization

0 – 100 k€

100 k€ - 1 M€

1 M€ - 10 M€

10 M€ - 50 M€

over 50 M€

1. Are you a Blue\_Boost Project or Associated Partner?

Yes

No

If yes, please tick your corresponding box.

If no, please tick the box of the Project Partner which invites you.

|  |  |
| --- | --- |
| LP – CROATIAN CHAMBER OF ECONOMY / ZADAR COUNTY CHAMBER  PP2 – UNIVERSITY OF CAMERINO  PP3 – THESSALONIKI CHAMBER OF COMMERCE AND INDUSTRY  PP4 – CENTRAL EUROPEAN INITIATIVE – EXECUTIVE SECRETARIAT  PP5 – ALBANIAN DEVELOPMENT FUND  PP6 – PATRAS SCIENCE PARK S.A.  PP7 – APULIA REGION |  |

1. Did you identify some good practices that you could reproduce in your activity or that could be implemented in your region?

Yes

No

If yes, please describe them:

What would be the barriers to overcome?

Would it be interesting for you to get some support to overcome these barriers?

Yes

No

If yes, what kind of support?

1. Did you identify any kind of potential collaboration with the experiences you got in touch during the Cross Field Visit?

Yes

No

If yes, please describe them:

1. Did you identify any kind of technology or innovative product, service or process that could improve your activity?

Yes

No

If yes, please describe them:

1. How do you evaluate this Cross Field Visit?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Excellent | Good | Satisfactory | Adequate | Not enough | No comment |
| Usefulness |  |  |  |  |  |  |
| Quality of the presentations |  |  |  |  |  |  |
| Newness |  |  |  |  |  |  |