

PARTNER IDENTIFICATION FORM (PIF)

Organisation

PIC	902630979
Legal name of the organisation	HOSTOUR
Legal name of the organisation in Latin characters (if applicable)	
Acronym/Organisation's short name	HOSTOUR
National ID (if applicable)	NU-110567
Department (if applicable)	
Address	
Country	
Region	
P.O. Box	
Post code	
CEDEX	
City	
Website	
E-mail	hostoursardinia@gmail.com
Telephone 1	+393318247773
Telephone 2	+393476245811
Fax	

Profile

Type of organization	profit
Is the partner organization a public body?	no
Is the partner organization a non-profit?	no

Accreditation

Has the organization received any type of accreditation before submitting this application?

If yes what kind of accreditation?

Accreditation type	Accreditation reference

Background and Experience

Please briefly present the partner organisation.

HOSTOUR has a first experience as a brand of TIA Formazione in activity of running vet projects. It is a new comer but the responsible is the same for both organization. It is active especially in Sardinia for actiuvity of work based learning.,

What are the skills and expertise of key staff/persons involved in this application?

All people involved is experienced in EU and vet projects, TIA is active in all activities related to Tourism and education.

Previous projects (most important projects, where we are/were partner organization)

Legal Representative

Title	dr
Gender	F
First name	Ines
Family name	Caloisi
Department	
Position	
E-mail	hostoursardinia@gmail.com
Telephone 1	+393318247773/+ 393476245811

Contact person if different from legal person

Title	
Gender	
First name	
Family Name	
Department	
Position	

E-mail	
Telephone	