

**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 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |