



CROATIAN LIAISON COMMITTEE FOR CIRED
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A P P L I C A T I O N
for membership in the Croatian Liaison Committee for CIRED
COLLECTIVE MEMBER

Full name of company/institution:.....

Company/institution identification number

Name and SURNAME of Director:
 Telephone:
 E Mail:

Representative of Collective Member in HO CIRED

Name and SURNAME:
 Telephone:
 E Mail:
 Mailing address:

Interest in Study Committee:

Note:

Date: Signature of the Director and stamp:

Study Committees of the Croatian Liaison Committee for CIRED):

- | | |
|---|---|
| SO 1 „Network Components“ | SO 2 „Power Quality and Electromagnetic Compatibility“ |
| SO 3 „Control, Protection, IT System and Telecommunications“ | SO 4 „Distributed Generation“ |
| SO 5 „System Development“ | SO 6 „Regulation, Management and Organization“ |