**REGIONAL NEW INDUSTRIES FUND**

**REGISTRATION OF INTEREST**

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| **Submitting this form:**  Please email this form to R[NIF@dpird.wa.gov.au](mailto:NIF@dpird.wa.gov.au)  For further assistance please call 6552 1860 or email R[NIF@dpird.wa.gov.au](mailto:NIF@dipird.wa.gov.au) |

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| **CONTACT DETAILS** | |
| **Name:** | Click here to enter text. |
| **Position and organisation:** | Click here to enter text. |
| **Email:** | Click here to enter text. |
| **Telephone Number:** | Click here to enter text. |
| **Region:** | Choose an item. |
| **INTEREST** | |
| **Please tell us why you are interested in participating in a Regional Innovation Partnership** | |
| Click here to enter text. | |
| **Is your organisation interested in delivering a project under the RNIF?** | |
| Choose an item. | |
| **If yes, please describe the type of project your organisation would be interested in delivering** | |
| Click here to enter text. | |