



# Intent of Affiliation Form

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Organization name: \_\_\_\_\_ Organization website: \_\_\_\_\_

Organization address: \_\_\_\_\_  
(Street) (Province) (Country)

Organization telephone: \_\_\_\_\_ Organization email: \_\_\_\_\_

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**Please provide a brief overview of your organization:**

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**What is your proposal for partnership with TVO ILC?**

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**What country/city will your students be coming from?**

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**How many students do you anticipate enrolling on launch?**

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**What is your target program launch date?**