

University Membership Registration Form for Persons

The following persons will be registered in the tekomp Europe university membership:

Please fill in up to 5 persons for the reduced university membership and up to 10 persons for the extended university membership.
The first entry on the list will be contact person for tekomp Europe. *

Last Name	First Name	Email	Phone	Fax	Department	Position
Contact Person for the University Membership: *						(Page 3 on Application Form)
1.						
2.						
3.						
4.						
5.						

* If the contact person is not a tekomp Europe member, enter the name here:

--	--	--	--	--	--	--