

University Membership Registration Form for Persons

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

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

| 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 member, enter the name here:

| | | | | | | |
|--|--|--|--|--|--|--|
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Please enter the name of the person responsible for entries in the tekomp WebForum (i.e. Jobs or Service database).

This person must be a tekomp member.

| | | | | | | |
|---|--|--|--|--|--|--|
| Administrator for the tekomp WebForum: | | | | | | |
|---|--|--|--|--|--|--|

Kindly send us the attached form with your application form via fax: +49 711 65704-99, via email: info@tekomp.de or via mail to:
Gesellschaft für Technische Kommunikation – tekomp Deutschland e.V., Rotebühlstraße 64, 70178 Stuttgart, GERMANY