

## Confirmation of Cost Coverage by Employer

We hereby confirm that the cost of the membership fee for

\_\_\_\_\_

(Employee Name)

in the Gesellschaft für Technische Kommunikation – tekom Deutschland e.V. will be borne by us.

\_\_\_\_\_

Place/Date

\_\_\_\_\_

Company Name

\_\_\_\_\_

First Name, Last Name (of the person authorized to sign)

\_\_\_\_\_

Department

Signature + Company Stamp