

University Membership Registration Form for Persons

Status 12/13/2017

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.

	Ms.	Mr.	First Name*	Last Name*	Email*	Phone	Fax	Department	Position (Page 3 on Application Form)
1.	** Contact person for the university membership:								
2.									
3.									
4.									
5.									

* Required fields; must be filled in.

** If the contact person should not be included in the tekomp Europe university membership, please enter the name here:

Ms.	Mr.	First Name*	Last Name*	Email*	Phone	Fax	Department	Position (Page 3 on Application Form)

Please enter the name of the person responsible for entries in 'my tekomp' (i.e. Jobs or Service database). This person must be a tekomp member.

Administrator for 'my tekomp':

Ms.	Mr.	First Name*	Last Name*	Email*	Phone	Fax	Department	Position (Page 3 on Application Form)

Kindly send us the attached form with your application form via fax: +49 711 65704-99, via email: info@tekom.de

or via mail to: Gesellschaft für Technische Kommunikation – tekomp Deutschland e.V., Rotebühlstraße 64, 70178 Stuttgart, GERMANY