

## Company Membership Registration Form for Persons

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

Please fill in up to 5 persons for the reduced company membership and up to 10 persons for the extended company membership.

The first entry on the list will be contact person for tekomp.

	Ms.	Mr.	Title	First Name*	Last Name*	Email*	Phone	Department	Position (Page 3 on Application Form)
1.	** Contact person for the company membership:								
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									

\* Required fields; must be filled in.

\*\* If the contact person should not be included in the company membership, please enter the name here:

Ms.	Mr.	Title	First Name*	Last Name*	Email*	Phone	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.	Title	First Name*	Last Name*	Email*	Phone	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@tekomp.de

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