

University Membership Registration Form for Persons

Status 12/13/2017

The following persons will be registered in the tekomp Europe 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 Europe.

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

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

or via mail to: European Association for Technical Communication – tekomp Europe e.V., Rotebühlstraße 64, 70178 Stuttgart, GERMANY