

Via fax or mail to
Gesellschaft für Technische Kommunikation – tekcom Deutschland e.V.
Rotebühlstraße 64
70178 Stuttgart
GERMANY
Fax +49 711 65704-99

Application for the tekcom Qualification Consultation

I would like to register for a tekcom qualification consultation as part of the training program.

Participation in the qualification consultation is free only for members.

Prerequisite: You have been a member of tekcom for longer than 3 months before registration and you are a full paying member.

For non-members, unemployed members and those who have been members for less than 3 months, participation in the qualification consultation is subject to a fee.

The fee for non-members and those who have been members for less than 3 months is 75.00 Euro + VAT, and for unemployed members, 25.00 Euro + VAT.

Name and Address of the Qualification Consultation Participant

| | | | |
|--------------|--|----------------|--|
| First Name | | Last Name | |
| Title | | Street Address | |
| Postal Code | | City | |
| State | | Country | |
| Phone (home) | | Phone (work) | |
| Email | | Fax | |

tekcom Membership

| | | | | | | |
|---------------|---------------------------------|---|--|--|--------------|--|
| tekcom Member | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Member Number | | Member since | |
| Member Status | Member <input type="checkbox"/> | Corporate Member <input type="checkbox"/> | Unemployed Member <input type="checkbox"/> | | | |

Qualification Consultation Information (to be completed by tekcom)

| | | | | | | |
|------------------------------------|-----|-------|------|-----------------------|--|--|
| Name of Qualification Counselor | | | | | | |
| Date of Qualification Consultation | | | | Consultation Location | | |
| | Day | Month | Year | | | |

I am aware of the following requirements for participation in the qualification consultation:

1. tekcom must have received the **data protection consent declaration** signed by me.
2. The counselor must receive the completely filled-out **questionnaire on the tekcom qualification consultation** before the date of the qualification consultation.
3. If participation is subject to a fee: The participation fee must have been received at tekcom.

I acknowledge that I have read and accept the currently valid fee schedule.

Place

Date

Signature of the
 Qualification Consultation Participant