Application preferably by email to: h.keller@tekom.de

Or via fax or mail to:

Gesellschaft für Technische Kommunikation – tekom Deutschland e.V.

Rotebühlstraße 64

70178 Stuttgart

GERMANY

Fax +49 711 65704-99

Application for the tekom Qualification Consultation

I would like to register for a tekom 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 tekom 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 |       |

**tekom Membership**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| tekom Member | Yes [ ]  | No [ ]  | Member Number |  | Member since |  |
| Member Status | Member [ ]  | Corporate Member [ ]  | Unemployed Member [ ]  |

**Qualification Consultation Information (to be completed by tekom)**

|  |  |
| --- | --- |
| 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. tekom must have received the data protection consent declaration signed by me.

2. The counselor must receive the completely filled-out questionnaire on the tekom 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 tekom.

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

|  |  |  |
| --- | --- | --- |
|       |       |  |
| Place | Date | Signature of theQualification Consultation Participant |