

Application for membership



Please send your signed form by post, e-mail (scan) or fax to:

BIOKON international
 Dr. Rainer Erb/ Dr. Sabine Wortmann
 Ackerstraße 76
 13355 Berlin, Germany

contact@biokon-international.com
 Tel.: ++ 49 (0)30 4606-8484
 Fax: ++ 49 (0)30 4606-8474

| Membership as legal person | |
|---|-----------------------------------|
| <i>please mark:</i> | |
| Science- / education organisation | |
| Company, 1 to 50 employees | Company, 51 to 250 employees |
| Company, 251 to 1.000 employees | Company, 1.000 and more employees |
| Affiliation / Organisation * address | |
| Name of authorized person * | |
| Telephone number * | |
| Fax number | |
| E-mail address * | |
| Further contact person of organisation, telephone, e-mail | |
| Background: | |
| Biomimetics fields of interest * | |
| Special expertise in biomimetics * (please use separate sheet if necessary) | |
| Links to website, CV, etc. | |
| Further remarks | |
| Signature: | |
| Place, date, signature * | |

* required entry

With your signature you accept that we publish the following data on our website: organisation with address, name of authorized person and further contact person with telephone number and e-mail-address.

Addendum to application for membership

Affiliation / Organisation:

Background: