



Competence Centre TEDD
Tissue Engineering for Drug Development and Substance Testing

Application form for TEDD partnership

Primary contact

First name* Last name*

Organization*

Position*

Street* Zip code*

City* Country*

Phone* Mobile phone.....

E-mail*

Website

*Deputy contact ***

First name* Last name*

Position*

Phone* Mobile phone.....

E-mail*

The above address is my billing address*:

Yes

No (add the billing address below)

Street* Zip code*

City* Country*

* required information

** required except for single person businesses

Additional information

I would like to receive a monthly newsletter with CC TEDD news (included in the partnership package).

Describe your organization

.....
.....
.....
.....
.....
.....
.....

Core competences

Keywords

.....

Conditions

- Two people from TEDD member organization can attend TEDD events free of charge. Subsequent people from this organization will receive a 50% discount for that event.
- TEDD membership period is from January to December of the given year.
- Members joining in July pay a discounted fee of 375 CHF.
- TEDD membership extends for the following year unless cancelled.
- TEDD member can cancel membership latest on 30 November of the current year effective next year.

With signing this form, I agree to the conditions and an annual fee of CHF 750.

.....

Date and place

.....

Signature

Please return the completed form together with your logo to

info.tedd@zhaw.ch