

ISTEC AFFILIATION FORM

Date:
Organization name:
Organization acronym:

Address:
City: **Country:**
Website:

Dean (Highest organization authority)

First name: **Last name:**
Title: (Dr., Prof., Ing., Mag., etc) **Position:**
Email: **Phone:**

Organization official representative

First name: **Last name:**
Title/Degree: (Dr., Prof., Eng., etc) **Position:**
Email: **Phone:**

The official representative is the one with voice and vote at ISTECE General Assembly. He/She is the main contact with ISTECE, which encompasses: to receive bills and make the commitment to follow up payments, and to communicate information about projects, activities and events.

Contact information for ISTECE Initiatives

Contact from the Library

First name: **Last name:**
Title/Degree: (Dr., Prof., Ing., Mag., etc) **Position:**
Email: **Phone:**

Library website:
Institutional repository website:

Contact from the Research Area

First name: **Last name:**
Title/Degree: (Dr., Prof., Ing., Mag., etc) **Position:**
Email: **Phone:**

Contact from the Education Area:

First name: **Last name:**
Title/Degree: (Dr., Prof., Ing., Mag., etc) **Position:**
Email: **Phone:**

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Please specify your affiliation level (*)

Academy	\$1,500
Sponsorship	\$2,000
Collaborator (Silver)	\$5,000
Collaborator (Gold)	\$10,000
Collaborator (Platinum)	\$20,000

Payment

Once the application has been received, we will send the bill and payment instructions

Contact: Cra. Areany Rodríguez: administra@istec.org

Send application form to:

President: Dr. Marisa R De Giusti: presidente@istec.org

cc: Virtual Office: Prof. Carlos J. Nusch: oficinavirtual@istec.org

(*) Amounts are expressed in US dollars.