

## 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 ISTEC General Assembly. He/She is the main contact with ISTEC, 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 ISTEC 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:**

## **ISTEC AFFILIATION FORM**

### **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](mailto:administra@istec.org)

### **Send application form to:**

President: Dr. Marisa R De Giusti: [presidente@istec.org](mailto:presidente@istec.org)

cc: Virtual Office: Prof. Carlos J. Nusch: [oficinavirtual@istec.org](mailto:oficinavirtual@istec.org)

(\*) Amounts are expressed in US dollars.