

PLEASE RETURN TO: buchhaltung@fkt.de

ASSOCIATION OF HOSPITAL TECHNOLOGY e.V

Hermann-Löns-Str. 31
53919 Weilerswist

Payment

- Payment after receipt of invoice to the specified account
- Direct Debit (to be able to collect direct debits using the SEPA procedure, you will be given a mandate that you should check, sign and return.)

Delivery

- by post
- by email (Email address)_

Account holder: _

IBAN: _

BIC: _

Bank: _

Place, date, (signature direct debit)

For the admission of a membership the knowledge of data protection is necessary.

Notes on data protection

I) I agree that my contact details (title, first and last name, employer's address with name, street, postcode and town) as well as the indicated private address with email address will be forwarded to the regional group leader who is responsible for me.

Yes

no

II) I agree that my entry into the FKT with name, postal code and establishment will be published in the member news.

Yes

no

III) I agree that my contact details (title, first and last name, employer's address with name, street, postcode and town) as well as the indicated private address with email address will be forwarded to sponsoring members and during events and fairs to the participants of the event or exhibitors.

Yes

no

Place, date, (signature direct debit)