

COMPANY NAME: _____

ADDRESS: _____

TELEPHONE: _____ MOBILE: _____

WEBSITE: _____ EMAIL: _____

REPRESENTATIVE: _____ POSITION: _____

TYPE OF ORGANISATION :

Mechanical Power Transmission Manufacturer

Part of a larger 'Corporation/Group' e.g. GKN

Academic Institution

Mechanical Power Transmission End User

Consultant/Distributor

Single Academic Member

NUMBER OF EMPLOYEES _____

SIGNATURE: _____ PRINT NAME: _____

DATE: _____