



Application for membership in Center of Visualization Göteborg 2010

Fax the application to, +46 31-61 24 01, or send it to:
Center of Visualization Göteborg
c/o Business Region Göteborg AB
Box 11119
404 23 Göteborg

Please fill in the application and send it to the above address.

Information about the organization

Company/organization: _____

Registered number: _____

Number of employees: _____

Web page: _____

Contact details (regards the person who has been appointed by the organization)

Name: _____

Position: _____

Address: _____

Postal address: _____

Phone: _____

E-mail: _____

Fax: _____

The membership is for calendar year 2010. The membership fee is divided in different levels based on number of employees (see table bellow). There is also a standard effort that is included in the membership which matches 10-80 hours/year. For questions about the fee and the membership contact Andreas Göthberg +46 31-61 24 26, andreas.gothberg@businessregion.se or Katarina Clase +46 31-61 21 63, katarina.clase@businessregion.se

Number employees	Startups	1-49	50-99	100-199	200-399	400-
Member fee	1 000 SEK	5 000 SEK	8 000 SEK	15 000 SEK	20 000 SEK	30 000 SEK

Since Center of Visualization Göteborg is a non-profit organization value added tax is not charged.

We will contact you when we have received the application and after that send the invoice.

My organization hereby approves of the membership in Center of Visualization Göteborg. We will pay the membership fee, follow the membership agreement and respect terms and conditions which Center of Visualization Göteborg upholds. We take responsible for the information that we publish on the web page. Center of Visualization Göteborg is not to be held liable for any misconduct. I understand that my organization will be listed as a member when Center of Visualization Göteborg receives our membership fee.

Date and signature: _____

Thank you for your application!