EPEGON Partnership Application

_____
Company/Institution

❑ Ms. ❑ Mr. ❑ Dr. ❑ Prof.

_____
Name (individual member or contact person)

_____
Position/Title

_____

_____
Address

_____
City

_____
Zip/Postal code

_____
Country

_____
Telephone

_____
Mobile phone

_____
Fax

Partnership Options
Please check the appropriate membership level

❑ Individual
- ❑ Student € 0
- ❑ Academic € 100
- ❑ Business € 400

❑ Collective
- ❑ Academic € 500
- ❑ Business € 2000

❑ I would like Epegon to contact me for a detailed presentation on the **Corporate and Institutional Partnership** levels.

_____
Signature

Please provide a brief 50-word description of your company/institution below, or attach an additional sheet. Describe the types of products and/or services your company offers, and your company's initiatives regarding people governance. This information will be used to announce your company as a new Epegon member in our newsletter.

_____
_____
_____
_____
_____
_____
_____
_____

EPEGON
FOUNDATION

Please send application to
Epegon Foundation
Avenue de Tervueren 273
1150 Brussels
BELGIUM
T +32 2 761 31 49
F +32 2 773 27 09
sandrine.buckinx@epegon.eu

Questions?
Please contact the Epegon Secretariat or visit our website www.epegon.eu