

Registration Form for the CAPI Association



- We want to join the CAPI Association as full member
- We want to join the CAPI Association as observer

Desired Entry Date:

- Please send us more information about CAPI 2.0 and the CAPI Association e. V.

Company name:

Contact person:

Position:

Country:

City:

Post Code:

Street:

Telephone:

Telefax:

E-Mail address:

- Software Vendor
- Hardware vendor
- Consultant

Yes, we agree with the rules of the CAPI Association.

Your Signature/Stamp