

# FOR THE AGREEMENT with the HGKx and the Campus.Werkstätten WE NEED SEVERAL INFORMATIONS

|                            |                          |                            |                          |
|----------------------------|--------------------------|----------------------------|--------------------------|
| FIRST NAME                 |                          | NAME                       |                          |
|                            |                          | E-Mail                     |                          |
| graduation month and year: |                          | STUDYPROGRAMME             |                          |
| Accident insurance:        |                          | Account Details:           |                          |
| Liability insurance:       |                          | ADRESS                     |                          |
| HGKx Cardholder Since      |                          |                            |                          |
| Valid from                 |                          |                            |                          |
| Werkstatteinführung        |                          | METAL                      | <input type="checkbox"/> |
| WOOD/ HOLZ                 | <input type="checkbox"/> | PLASTIC / KUNSTSTOFF       | <input type="checkbox"/> |
| DIGITAL FABRICATIONLAB     | <input type="checkbox"/> | PAINTING / LACKIEREN       | <input type="checkbox"/> |
| SCULTURE / BILDHAUEREI     | <input type="checkbox"/> | SCREENPRINTING / SIEBDRUCK | <input type="checkbox"/> |
| BOOKBINDING / BUCHBINDEN   | <input type="checkbox"/> | MEDIA 2. OG                | <input type="checkbox"/> |
| SEWING ISLAND / NÄHINSEL   | <input type="checkbox"/> | MEDIA 3.OG                 | <input type="checkbox"/> |