

**World Institute for Engineering and Technology Education
(WIETE)**



PARTNERSHIP FORM - 2009

I hereby declare that our Institution wishes to become a Partner Institution of the WIETE and would like it to be admitted to this category.

Institution's Full Name

Institution's Representative

Title Position

Surname

Other Names

Address

.....

Country Post Code

Phone (B) Phone (H)

Fax

E-mail

URL

Partner Membership: Complimentary

Signature