

REGISTRATION **FORM**

Registrant type TCF company Research body Non-TCF company

Contact name* _____ Position* _____

Phone* _____ Facsimile* _____

Email* _____ website* _____

Company name* _____ ABN _____

Address _____ Suburb _____ Postcode _____

Country _____

Postal address _____ Suburb _____ Postcode _____

Country _____

Do you have a dedicated R&D section? Yes No Number of R&D employees: _____

Estimated annual R&D spend (\$A million) (optional): _____

I give permission for my contact details (marked with *) to be placed on the Australian TCF Technology Network website.

I acknowledge that my contact details (marked with *) will be provided to the Victorian Government under the terms of the contract establishing the network.

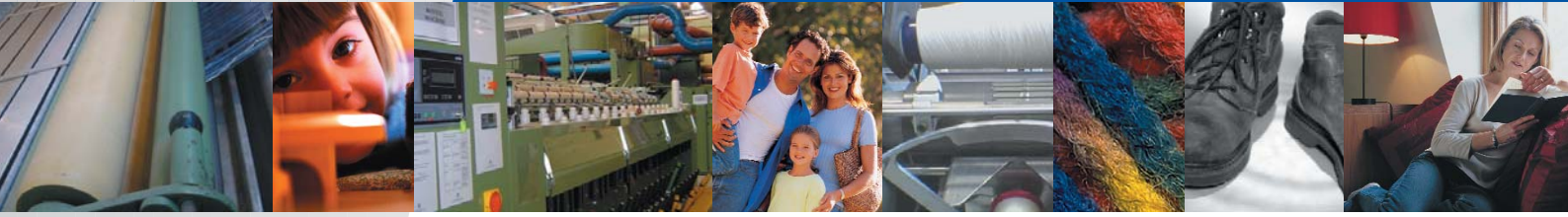
I agree to acknowledge the role of the network in any successful research activities undertaken or products commercialised.

I have completed both sides of this form.

Signed _____ Date _____

Please return this form to the Network Manager, Australian TCF Technology Network at the address or fax number above.

Upon receipt confirmation of your registration will be forwarded to you.



Australian TCF Technology Network Encouraging innovation and technology transfer throughout Australia's TCF sector

PRIMARY **ACTIVITIES**

Please tick as many boxes as necessary to describe your operations

- | | | |
|-----------------------------------------------|---------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Wool textile mfr | <input type="checkbox"/> Cotton textile mfr | <input type="checkbox"/> Synthetic textile mfr |
| <input type="checkbox"/> General clothing mfr | <input type="checkbox"/> Sportswear | <input type="checkbox"/> Personal Protective Equipment |
| <input type="checkbox"/> Performance wear | <input type="checkbox"/> High end fashion | <input type="checkbox"/> Student |
| <input type="checkbox"/> Footwear mfr | <input type="checkbox"/> Designer | <input type="checkbox"/> Technology provider |
| <input type="checkbox"/> Technology developer | <input type="checkbox"/> Wholesaler | <input type="checkbox"/> Other mfr |

RESEARCH AND **DEVELOPMENT INTERESTS**

Please complete this section with as much information as possible. Network staff will contact you to discuss your needs in further detail.

I am interested in the following:

- Adaptation of technologies into existing TCF products. Please provide details:

- Finding partners for the commercialisation of existing technologies. Please provide details:

- Finding partners for early stage R&D in new technologies and/or products. Please provide details:

- Identifying sources of funding for R&D and product development. Please provide details:

Please provide any additional information you feel would assist us in understanding your needs from the network (eg nature of technologies or specific applications of technology, of interest to you) as attachments to this document.

All information remains confidential and upon request by yourself or at the conclusion of the project will either be destroyed or returned.