

Registration form for agencies

Company name: _____

Address: _____

Phone: _____

Fax: _____

Email: _____

Contact person: _____ Company established in (year): _____

Number of employed translators: _____

Number of freelance translators: _____

Language combinations:

Source	Target	Line rate €	Source	Target	Line rate €
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Hourly rate: _____ Minimum charge: _____

Proofreading: _____ (of others' work) _____ (galley proofs of own work)

Specialist subjects: _____

Particularly specialized in: _____

Quality assurance system used: _____

References: _____

Technical equipment:

Operating systems: _____

EDP software: _____

Translation tools (e.g. Trados): _____

Localization tools: _____

DTP software: Yes No

Other: _____

Date, signature:
