

REGISTRATION FORM

13th Euro Fed Lipid Congress
Fats, Oils and Lipids: New Challenges in Technology, Quality Control and Health
27 – 30 September 2015, Florence, Italy

586715_

Euro Fed Lipid
 P.O. Box 90 04 40
60444 Frankfurt/ Main
Germany

Please return the completed form (one per participant) no later than **07 August 2015** to the address on the left to take advantage of the early bird fee.

Phone +49 (69) 7917-345

Fax +49 (69) 7917-564

(Please print) ☐ Mr. ☐ Ms.

Last Name _____

First Name _____ Title _____

Company or Institute _____

Department/Faculty _____

Street/P.O. Box _____

Post Code/City/Country _____

Phone _____ Fax _____

E-Mail _____

VAT Number _____

Invoice Address (if different from participant address):

Company or Institute _____

Street/P.O. Box _____

Post Code/City/Country _____

VAT Number _____

1. Scientific Programme - Registration Fee

Please indicate		until 07 August 2015	after 07 August 2015
☐	Euro Fed Lipid members and employees of member companies (membership #: _____)	€ 495 + VAT*	€ 560 + VAT*
☐	Non-Members	€ 565 + VAT*	€ 610 + VAT*
☐	Students (Euro Fed Lipid Member) with poster presentation or lecture (membership #: _____)	€ 60 + VAT*	€ 110 + VAT*
☐	Other Students (Proof required)	€ 110 + VAT*	€ 160 + VAT*

***In Italy the registration fees are subject to value added tax (where applicable)**

Please turn over and complete both sides of this form

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Participant Name _____

2. Social Programme for participants and accompanying persons

(Please indicate number of Tickets required)

☐ Congress Banquet, Tuesday 29 September 2015 90 Euro + VAT (where applicable)

Accomp. person's Last Name _____

Accomp. person's First Name _____ Title _____

(Accompanying Person= e.g. Husband/Wife – not attending the lecture programme)

3. Euro Fed Lipid Membership

☐ Please send information about Euro Fed Lipid membership

4. Payment Details

☐ I'll wait for your invoice to pay by bank transfer - - PLEASE NOTE THAT YOUR PARTICIPATION IS NOT GUARANTEED UNTIL THE REGISTRATION FEE HAS BEEN PAID. THUS MAKE SURE TO PAY IN ADVANCE. WE RESERVE THE RIGHT TO REFUSE ACCESS TO THE CONGRESS UNTIL FULL PAYMENT HAS BEEN RECEIVED.

☐ Please charge my
☐ MasterCard ☐ Visa card, ☐ Amex card number.....

Expiry Date..... CCV number:.....

(The CCV number consists of the last three digits (MasterCard and Visa) or the last four digits (AMEX) of the printed number on the back of your card.)

5. Cancellation Policy

Cancellations received on or before 04 August 2015 will be subject to/or refunded minus a 50 Euro processing fee. After that date until 01 September 2015, the cancellation fee is 100 Euro. There will be no refund for cancellations after 01 September 2015 or No-Shows. However, substitute participants can be named anytime without costs.

Cancellations must be in writing and effective after written reconfirmation by Euro Fed Lipid

If the congress is cancelled for whatever reason, paid fees will be refunded. Further recourse is excluded.

Date

Signature