



# REGISTRATION FORM



## Deutsche Gesellschaft für Fettwissenschaft (DGF)

### Plant Oxylipins

Göttingen, Germany, 12-14 June 2003

DGF  
 P.O. Box 90 04 40  
**D-60444 Frankfurt/ Main  
 Germany**

Please return the completed form (one per participant) not later than **9 May 2003** to the address on the left.  
 Phone +49 (69) 7917-529  
 Fax +49 (69) 7917-564

**You may prefer to book online at [www.dgfett.de/meetings/goettingen](http://www.dgfett.de/meetings/goettingen)**

(Please print)  Mr.  Ms.

Surname \_\_\_\_\_

First Name \_\_\_\_\_ Title \_\_\_\_\_

Company or Institute \_\_\_\_\_

Street/P.O.Box \_\_\_\_\_

Zip/City/Country \_\_\_\_\_

Phone and Fax \_\_\_\_\_

E-Mail \_\_\_\_\_

### 1. Scientific Program - Registration Fee

Please indicate		until 9 May 2003	after 9 May 2003	Amount
<input type="checkbox"/>	Student (Member*)	€ 0	€ 50	
<input type="checkbox"/>	Student (Non-Member)	€ 50	€ 100	
<input type="checkbox"/>	Member*	€ 170	€ 220	
<input type="checkbox"/>	Non-Member	€ 200	€ 250	

\* Member of either DGFor Euro Fed Lipid

- I will take part at the dinner (35 Euro)
  I will take part at the welcome reception (0 Euro)
- Please send information about DGF membership
- I'll wait for your invoice to pay by bank transfer
- Please charge my  Master-/Eurocard  Visacard, number.....  
 Expiry Date..... CCV:..... (The CCV number is used to improve security with credit card transactions, it consists of the last three digits of the printed number on the back of your card.)

Date \_\_\_\_\_

Signature \_\_\_\_\_