

# REGISTRATION FORM

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**Novel Sources for Omega-3 for Food and Feed  
14-15 November 2012, Copenhagen**

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Euro Fed Lipid  
P.O. Box 90 04 40  
**D-60444 Frankfurt/ Main  
Germany**  
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Please return the completed form (one per participant) no later than **30 Sept. 2012** to the address on the left

Phone +49 (69) 7917-345  
Fax +49 (69) 7917-564

**Please book online at [www.eurofedlipid.org/meetings/copenhagen2012](http://www.eurofedlipid.org/meetings/copenhagen2012)**

(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 \_\_\_\_\_

**1. Scientific Programme - Registration Fee**

<b>Please indicate</b>		<b>Before 30.09.</b>	<b>After 30.09.</b>
<input type="checkbox"/>	Member	€ 280	€ 320
<input type="checkbox"/>	Non-Member	€320	€ 360
<input type="checkbox"/>	Student Member	€ 80	€ 120
<input type="checkbox"/>	Other Students	€ 120	€ 160

I will take part in the Congress Dinner, Wednesday 14 November 2012 (€ 0)

**Please turn over and complete both sides of this form**

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Participant Name \_\_\_\_\_

**2. Other**

Accomp. person's Last Name \_\_\_\_\_

Accomp. person's First Name \_\_\_\_\_ Title \_\_\_\_\_

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

- Please send information about Euro Fed Lipid membership
- I join Euro Fed Lipid as an Individual Member (€ 80/year). The membership fee will be charged to my credit card separately.**
- I join Euro Fed Lipid as a Student Member (€ 40/year, proof required). The membership fee will be charged to my credit card separately.

**3. Payment Details**

- I'll wait for your invoice to pay by bank transfer
- 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.)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature