

REGISTRATION FORM
**8th European Symposium on Plant Lipids
2-5 July 2017, Malmö, Sweden**

Euro Fed Lipid P.O. Box 90 04 40 60444 Frankfurt/ Main Germany	1 1	Please return the completed form (one per participant) no later than 02 June 2017 to the address on the left to take advantage of the early bird fee. Phone +49 (69) 7917-345 Fax +49 (69) 7917-564
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 (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 2 June 2017	after June 2017
<input type="checkbox"/>	Euro Fed Lipid members and employees of member companies (membership #: _____)	280 € + VAT*	330 € + VAT*
<input type="checkbox"/>	Non-Members	330 € + VAT*	380 € + VAT*
<input type="checkbox"/>	Students (Euro Fed Lipid Member) with poster presentation or lecture (membership #: _____)	150 € + VAT*	200 € + VAT*
<input type="checkbox"/>	Other Students (Proof required)	170 € + VAT*	220 € + VAT*

***In Sweden the registration fees are subject to 25% value added tax (where applicable)**
Please turn over and complete both sides of this form

8th European Symposium on Plant Lipids
2-5 July 2017, Malmö, Sweden

Participant Name _____

2. Social Programme for participants and accompanying persons

(Please indicate number of Tickets required)

- | | | |
|--------------------------|------------------------------------|---------------|
| <input type="checkbox"/> | Congress Banquet, 4 July 2017 | complimentary |
| <input type="checkbox"/> | Hospitality City Tour, 5 July 2017 | complimentary |
| <input type="checkbox"/> | Lunch, 5 July 2017 | complimentary |

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 12 August 2016 will be subject to/or refunded minus a 50 Euro processing fee. After that date until 01 September 2016, the cancellation fee is 100 Euro. There will be no refund for cancellations after 01 September 2016 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