

Please fill out the form and mail it to tgs@odense.dk

|  |  |  |
| --- | --- | --- |
| Contact information | | |
| Name |  | |
| Employment | |  |
| Work address | |  |
| Country | |  |
| Phone number | |  |
| E-mail | |  |
| EAN nr  (Danish participants) | |  |

|  |  |
| --- | --- |
| Conference registration | |
| I am a member of NFH (yes/no) |  |
| I would like to stay in a single room |  |
| I would like to stay in a double room |  |
| The name of my roommate is |  |
| I would like to participate in the anniversary lectures(Included in the conference fee) |  |
| I have special dietary requirements |  |
| Please specify |  |
| Any other comments |  |

I know that cancelation and fee refunding will not be possible after 1. June 2015