

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

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

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| 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