## **DAIS-FMOODS 2005 REGISTRATION FORM**

Please complete this form in capital letters and send it by fax to: **DAIS-FMOODS Secretariat**, fax: +30.210.7275601

> **CONFERENCE DELEGATE.** Please complete one form per delegate. Information on this form will be used to prepare your badge.

First Name	Family Name	Title (Mr/Mrs/Dr/Prof)	Gender (M/F)				
Organisation							
Address							
City and Post Code		Country					
Email	Telephone	Fax					
Special Diet							

I am registering for DAIS / FMOODS (delete as appropriate)

## > **PAYMENT-REGISTRATION FEE**

Presenter Registration	480 €	Must be made by 1/5/2005
Fresenter Registration	400 €	

	Until 30 May 2005	After 31 May 2005					
Attendee Registration (Normal)	480 €	550€					
Attendee Registration (Student)	350 €	400 €					
Extra DAIS Proceedings	70 €						
Extra FMOODS Proceedings	70 €						
Extra dinner (social event)	60 €						

Registration cancellations after May 16, 2005 are not refundable. Substitutions may be made at any time.

## > METHOD OF PAYMENT

I authorize you to debit my VISA/ MasterCard credit card

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