

Registration for free Conference information

(Free newsletter)

First name: _____

Surname: _____

Company: _____

Country: _____

Web site: _____

Telephone: _____

Fax No.: _____

E-mail: _____

- Medical Plastics
- Drug Delivery Devices
- Pharmaceutical and Medical Packaging

Complete the Form and send it to Hexagon by e-mail or by fax. For multiple registrations, please complete a Registration for each person. You can also phone us: +45 33 11 41 22, fax us: +45 33 13 38 59 or e-mail us: hexagon@hexagon.dk.