

# Registration Form

Pharmaceutical and Medical Packaging 2010, 4-5 May 2010, Copenhagen, Denmark

## How to Register

Fill in the Registration Form below and send it by fax or by e-mail to the conference secretariat.

Participants who register before 10 February 2010 receive an "early bird" discount of 20% of the "Registration Fees".

## The registration Fee Includes

Conference participation, a copy of the conference proceedings, admission to the exhibition, lunches and refreshments.

Accommodation is not included in the fee, but is available at an advantageous rate.

Members of a sponsoring or an associated organisation may register at the discounted 'member' rate, if the name of the sponsor is quoted.

## Refunds/Cancellations

Substitutions may be made at any time. Fees will be refunded if cancellation in writing is received before Thursday, 4 March 2010, but a 20% service charge will be levied. No refunds will be made after Thursday, 4 March 2010.

Changes to hotel reservations are subject to a DKK 200 / Euro 28 handling fee per reservation change.

Registrations will be acknowledged with detailed information and registration fee invoiced accordingly.

Mr/Ms – First Name – Surname: \_\_\_\_\_

Job Title: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode – City: \_\_\_\_\_ Country: \_\_\_\_\_

Description of Company Activities or www: \_\_\_\_\_

Phone: \_\_\_\_\_ Direct Phone: \_\_\_\_\_

Mobile Phone: : \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_ VAT No: \_\_\_\_\_

Name of Sponsor: \_\_\_\_\_

Registration – (please tick as appropriate)	Non-Member	Member
Conference Fee 4-5 May 2010	( ) DKK 8.200 / € 1.155	( ) DKK 7.400 / € 1.042
Conference Fee 4-5 May 2010 Early Bird	( ) DKK 6.200 / € 873	( ) DKK 4.900 / € 690
Conference Dinner Monday, 3 May 2010	( ) DKK 550 / € 78	( ) DKK 550 / € 78
Conference Dinner Tuesday, 4 May 2010	( ) DKK 550 / € 78	( ) DKK 550 / € 78

**Hotel Accommodation:** DKK 925 / € 130 (Single room incl. breakfast). Subject to change.

**Arrival:** \_\_\_\_\_ - **Departure:** \_\_\_\_\_ = **Nights:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Payment is required against invoice and in advance of the event.**

## Please return the completed form to:

Hexagon Holding ApS, Mikkell Bryggers Gade 10, DK-1460 Copenhagen K, Denmark

Tel: +45.33 11 41 22 / Fax: +45.33 13 38 59 / Internet: www.hexagon.dk