

Please send this registration form to:

wfk - Cleaning Technology Institute, Campus Fichtenhain 11, 47807 Krefeld, Germany

FAX: + 49 2151 8210-199 or MAIL: idc@wfk.de

Please fill in the complete registration form in **printed characters only** and send **one copy for each person**.

Last name	First name	<input type="checkbox"/> / <input type="checkbox"/>	m / f Degree
Company	Country		
Street	Zip-Code, City		
Phone	Fax	E-mail	

Registration fees	Registration until 28 Feb 2017	Registration from 28 Feb 2017
<input type="checkbox"/> Full conference 04 - 06 April (incl. proceedings)	€ 990.00	€ 1190.00
Day pass <input type="checkbox"/> 04 April <input type="checkbox"/> 05 April <input type="checkbox"/> 06 April (incl. Technical Congress (05 April) and Colloquium Med. Instruments (06 April))	per € 400.00	per € 500.00
<input type="checkbox"/> Technical Congress on 05 April (incl. proceedings TC)	€ 275.00	€ 325.00
<input type="checkbox"/> Colloquium Medical Instruments on 06 April (incl. proceedings CMI)	€ 275.00	€ 325.00
Student* <input type="checkbox"/> 04 April <input type="checkbox"/> 05 April <input type="checkbox"/> 06 April	per € 80.00	per € 85.00
Proceedings <input type="checkbox"/> full conference	€ 95.00	€ 100.00
Proceedings <input type="checkbox"/> Colloquium Med. Instruments <input type="checkbox"/> Technical Congress	per € 25.00	per € 30.00
Speaker <input type="checkbox"/> 04 April <input type="checkbox"/> 05 April <input type="checkbox"/> 06 April	free of charge	free of charge

Tickets include lunch and beverages during the breaks and **simultaneous translation**. For **cancellations** until 28 February 2017 a handling fee of € 75.00 arises. Please understand that we have to charge the full amount for **non-attendance** or cancellations received after that date. A substitute can be named.

* Students have to send a valid certificate of enrolment together with their registration form.

Members of wfk-institutes, FRT and BIV receive a **10 % reduction** on registration fees.
(Excluded are the proceedings).

I am a member of: FRT wfk BIV

_____ _____
Date Signature

Please send an invoice to the	<input type="checkbox"/> address shown above	<input type="checkbox"/> following address:
Last and first name or department:		
Company:		
Street:		
Zip-Code, City, Country:		

I wish to pay with credit card:	<input type="checkbox"/> American Express	<input type="checkbox"/> MasterCard	<input type="checkbox"/> VISA	The CVC-number is either located in the signature panel on the back of your card (MasterCard and VISA, three digits) or on the front above the credit card number (AMEX, four digits).
Card number: _____	CVC:			
Card holder (as printed on the card):				
Expiry date (min. 05/2017): ____ / ____ Signature:				