



EXHIBITOR REGISTRATION FORM

FREEZE DRYING OF PHARMACEUTICALS & BIOLOGICALS

18. – 21. September 2018, Dorint Hotel, Garmisch-Partenkirchen, Germany

Exhibitors are welcome. For organization please contact:

Wolfgang Friess, LMU Munich
wolfgang.friess@lrz.uni-muenchen.de

or Gerhard Winter, LMU Munich
gerhard.winter@lrz.uni-muenchen.de

The standard exhibitor package includes space at the exhibition, a slot for a short company presentation as well as one free regular conference and short course participation.

Exhibitor / Vendor Packages (excl. VAT)

Exhibitor Package including exhibition and social events **EUR 3.000,00**

1. Participant – incl. free Conference and Short Course Registration

Name of participant: _____

2. Participant

Name of participant: _____

Additional Conference Registration **EUR 900,00**

Additional Short Course Participation **EUR 300,00**

Additional Combination Ticket **EUR 1100,00**

Social Events and Catering Package Only **EUR 200,00**

General Information

The invoice and contract will be issued by KelCon GmbH

KelCon GmbH, Liebigstr. 16, 63500 Seligenstadt, Germany

Tel.: +49 (0) 6182 94 666 17, Fax: +49 (0) 6182 94 666 44, Mail: c.raum@kelcon.de

Stamp

City, Date

Signature

EXHIBITOR REGISTRATION FORM

FREEZE DRYING OF PHARMACEUTICALS & BIOLOGICALS

18. – 21. September 2018, Dorint Hotel, Garmisch-Partenkirchen, Germany

Important Exhibitor Company Data

Please fill out the form **well legibly** and send it with the Exhibitor Registration Form to KelCon GmbH.

- We will prepare the sponsoring contract
- We wish KelCon GmbH to prepare the sponsoring contract

Company name: _____

Contact person:

Name: _____

Phone _____ E-Mail: _____

Address for confirmation / congress materials (if different)

Street: _____

Zip code: _____ City/Country _____

Billing address:

Company: _____

PO-number: _____

Street: _____

Zip code: _____ City/Country _____

VAT-ID (only companies within the EU): _____

Postal address:

Company: _____

Contact person: _____

Street: _____

Zip code: _____ City/Country _____