Conference Management



Fraunhofer FEP
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REGISTRATION

Mr.	Mrs.		
Name			
rvanie			
Company			Department
			1,000
Street			House number
ZIP	City		
Country			
E-Mail			
Phone			
Comments			
Participation is limited, we recommend The registration fee includes break drin		er on November 27, 20	17.
Participation at »pro flex 2017«			
Yes, I want to participate	No, I don't want to p	articipate at the »pro fl	ex 2017«
Evening Event at 5:50 p.m.			
Yes, I want to participate.	No, I don't want to p	articipate.	
Participation at the LabTour on Novem	ber 28, 2017		
Yes, I want to participate.	No, I don't want to p	articipate.	
My name and company will be publish	ned in the list of participants.		
Yes	No		
I have read and accept the Booking Co	onditions as displayed on the w	ebsite www.fep.fraunh	ofer.de/en/events/termsandconditions.html.
Yes			