


Please return by fax or email until September 23<sup>rd</sup>, 2016

<b>Organizer</b>	<b>KLIFOVET AG</b> Geyerspergerstrasse 27 80689 München, Germany Fax: +49 (0)89 58 00 82 77 77 Email: seminar@klifovet.com	
------------------	--	--

**20695 – Development of Veterinary Medicinal Products - An introduction for startups and companies interested in entering the animal health market**

<b>Workshop Details</b>	<b>20695 – Development of Veterinary Medicinal Products - An introduction for startups and companies interested in entering the animal health market</b> October 3, 2016, Parc Científic de Barcelona (PCB), c/Baldiri Reixac, 10, 08028 Barcelona Room Dolors Aleu  I am a PCB resident and will therefore take part <b>free of charge</b> .	Net: 75,00 € 19% VAT: 14,25 € <b>Total: 89,25 €</b>
-------------------------	---	---

<b>Registration procedure/terms and conditions</b>	The workshop will be held only if a minimum number of 15 attendees register for participation. Registrations will be accepted based on 'first registered, first'. The invoice that needs to be paid within 14 days to confirm your reservation. The registration is binding; cancellation within 14 days prior to the event will result in a payment of 50% of the fees.
--	--

<b>Participant Details</b>	<p>Mr    Mrs    <u>Family Name</u> _____</p> <p><u>First Name</u> _____</p> <p><u>E-mail</u> _____ <u>Job Title</u> _____</p> <p><u>Tel</u> _____ <u>Fax</u> _____</p> <p><u>Name of company</u> _____</p> <p><u>Address</u> _____</p> <p><u>City</u> _____ <u>Postcode</u> _____</p> <p><u>Country</u> _____</p> <p><u>Customer VAT Number</u> _____</p> <p><u>Business area of company</u> _____</p>
----------------------------	--

<b>Payment by bank transfer</b>	On receipt of invoice: Commerzbank Muenchen, Germany, IBAN: DE23 7004 0041 0225 2559 00; SWIFT/BIC: COBADEFFXXX
---------------------------------	---

<b>Payment by credit card</b>	<p><u>Please credit the following credit card to compensate the above mentioned amount</u></p> <p>VISA MASTERCARD AMERICAN EXPRESS</p> <p><u>Name of holder of credit card:</u> _____</p> <p><u>Card No.</u> _____ <u>Expiry date:</u> _____ / _____</p>
-------------------------------	--

Authorisation for registration and credit card use if applicable:	_____ Date, Signature
---	--------------------------

**Data Protection:** The personal information shown on this form, and/or provided by you, will be held on databases at Klifovet AG, Germany. Such data will be used to inform you on this and other conferences in the area of animal health. If you do not wish to receive any information on this conference and others, please contact the Database Manager at [seminar@klifovet.com](mailto:seminar@klifovet.com). Your data will not be forwarded to any other third party.