

## Table Top Application Form

**14<sup>th</sup> EuPFI Conference**  
**Course no. 6888 from 20 to 22 September 2022, Mercure Roma West Hotel, Rome, Italy**

### Items included in the exhibition fee:

- 1 table
- 2 chairs
- power supply

**The cost: 990 €**

**Desired table number:**

Prio 1	Prio 2	Prio 3

### Mandatory full conference registration

\_\_\_\_\_  
Title, first name, last name

\_\_\_\_\_  
Company name

\_\_\_\_\_  
Company address

\_\_\_\_\_  
Zip code and location

\_\_\_\_\_  
Phone

\_\_\_\_\_  
E-mail participant

\_\_\_\_\_  
Order no. or billing address

- |                          | <u>Conference industry</u>  | <u>before/ after 15 July</u> |         |
|--------------------------|---|------------------------------|---------|
| <input type="checkbox"/> | Non-Member  | 1,225 €                      | 1,325 € |
| <input type="checkbox"/> | EuPFI member  | 1,095 €                      | 1,195 € |
|                          |   |                              |         |
| <input type="checkbox"/> | <u>Workshop industry</u>  | 330 €                        | 380 €   |
| <input type="checkbox"/> | Beginner's workshop - Paediatric formulation Roadmap                                      |                              |         |
| <input type="checkbox"/> | Advanced workshop – Considerations for Medicines Administration via Enteral Feeding Tubes |                              |         |

### Additional participant's registration

\_\_\_\_\_  
Title, first name, last name

\_\_\_\_\_  
E-Mail participant

before/ after 15 July

- |                          |   |         |         |
|--------------------------|---|---------|---------|
| <input type="checkbox"/> | Conference industry   | 1,095 € | 1,195 € |
| <input type="checkbox"/> | <u>Workshop industry</u>  | 330 €   | 380 €   |
| <input type="checkbox"/> | Beginner's workshop - Paediatric formulation Roadmap                                      |         |         |
| <input type="checkbox"/> | Advanced workshop – Considerations for Medicines Administration via Enteral Feeding Tubes |         |         |

### Company data for invoice:

\_\_\_\_\_  
Company name

\_\_\_\_\_  
Person to contact

\_\_\_\_\_  
E-mail

\_\_\_\_\_  
Phone

\_\_\_\_\_  
VAT ID no.

\_\_\_\_\_  
Street

\_\_\_\_\_  
Zip code, town, country

### Please choose form of payment

- |  |  |
|--|--|
| <input type="checkbox"/> bank transfer | <input type="checkbox"/> credit card<br>(Amex, Visa, Mastercard) |
|--|--|

\_\_\_\_\_  
Card holder

\_\_\_\_\_  
Card no.

\_\_\_\_\_  
Valid until

\_\_\_\_\_  
CVC code

\_\_\_\_\_  
Date, Signature