



REGISTRATION FORM

COMPLETE FORM AND RETURN BY:

EMAIL: info@foodprotection.org

FAX: +1 515.276.8655

MAIL: 2900 100th Street, Suite 309, Des Moines, IA 50322-3855, USA

Registration available online at **FOODPROTECTION.ORG**

Prefix: Prof. Dr. Mr. Ms. Mrs.

Family Name _____ Given Name _____

Email _____

Employer/University _____

Job Title _____

Home Address Work Address

Street _____

City _____

Postal Code _____ Country _____

Telephone # _____

Please check the box next to each type of communication you consent to receive from IAFP Sponsors and Exhibitors.

Email Promotions Postcards/Flyers/Promotional Mailings

Employment Type – Check one: Industry Government Education

REGISTRATION FEES	EARLY RATE Ends 2 April 2024	LATE RATE Effective 3 April 2024
IAFP Member Registration	€660	€730
IAFP Member – New Professional New college graduates – within 3 years of graduation. Proof of terminal degree or diploma required.	€460	€530
IAFP Student Member Registration Must be an IAFP Student member and provide valid student ID	€120	€140
Non-Member Registration	€770	€850
Spouse/Companion Guest This registration fee only applies to a non-industry spouse or companion accompanying a fully-paid registrant and is not available for business colleagues.	€95	€95
IAFP MEMBERSHIP	€50	
IAFP STUDENT MEMBERSHIP	€25	

Cancellation Policy
Registration fees, less a €100 administration fee and any applicable bank charges, will be refunded for written cancellations received by 2 April 2024. No refunds will be made after 2 April 2024; however, the registration may be transferred to a non-registered colleague with written notification. Registration cannot be carried to any future meetings. Refunds will be processed when received.
Other: Any modifications to payment method will incur a €25 processing fee.

Check here to indicate that you have read and agree to the terms of the **Policy on Meeting Safety and Responsibility of Attendees**

Registration fees will incur an additional 8.1% VAT. Membership fees are not subject to VAT.

Total Before VAT: _____

VAT (8.1%): _____

Total: _____

Check Enclosed Visa Mastercard

Wire Transfer (contact jfeeney@foodprotection.org for wire instructions) Credit Card # _____

Card ID #* _____ Exp. Date _____

Cardholder Name (Please print) _____ Signature _____

TOTAL PAYMENT € _____

*Visa, and Mastercard: See 3-digit Card ID number on the back of the card after account number.



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