REGISTRATION FORM

IAFP EUROPE 2027
COPENHAGEN · DENMARK
28–30 APRIL, 2027

COMPLETE FORM AND RETURN BY:

EMAIL: info@foodprotection.org
FAX: +1 515.276.8655
Registration available online at **FOODPROTECTION.ORG**

International Association for Food Protection®

Family Name _____ Given Name _____

Email _____

Employer/University _____

Job Title _____

☐ Home Address ☐ Work Address

Street _____

City _____

Postal Code _____ Country _____

Phone # _____

Please check the Email promotions box if you consent to receive Emails from IAFP Sponsors.
☐ Email Promotions

Employment Type – Check one: ☐ Industry ☐ Government ☐ Education

REGISTRATION FEES	EARLY RATE Ends 31 March 2027	LATE RATE Effective 1 April 2027
IAFP Member - High Income	€ 695	€ 765
IAFP Member - Upper Middle Income	€ 525	€ 575
IAFP Member - Low Middle Income	€ 355	€ 390
IAFP Member - Low Income	€ 185	€ 200
IAFP Member - New Professional* - High Income	€ 495	€ 565
IAFP Member - New Professional* - Upper Middle Income	€ 375	€ 425
IAFP Member - New Professional* - Low Middle Income	€ 255	€ 290
IAFP Member - New Professional* - Low Income *New college graduates - within 3 years of graduation. Proof of terminal degree or diploma is required.	€ 135	€ 150
IAFP Student Member	€ 150	€ 170
Non-Member Registration	€ 820	€ 900
Spouse/Companion Guest MUST be a non-industry spouse or companion accompanying a fully paid registrant and is not available for business colleagues.	€ 100	€ 100
IAFP Membership	€ 70	
IAFP Student Membership	€ 35	

Cancellation Policy:

Registration fees, less a €100 administration fee (€25 administration fee for Student registrations) and any applicable bank charges, will be refunded for written cancellations received by 31 March 2027. No refunds will be made after 31 March; 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 €30 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**

☐ 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: € _____

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