



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 6 April 2022	LATE RATE Effective 7 April 2022
IAFP Member Registration	€570.00	€650.00
Germany Resident Registration	€360.00	€440.00
IAFP Member – New Professional New college graduates – within 3 years of graduation. Proof of terminal degree or diploma required.	€370.00	€450.00
IAFP Student Member Registration Must be an IAFP Student Member and provide valid student ID	€ 95.00	€115.00
Non-Member Registration	€660.00	€740.00
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.	€ 75.00	€ 75.00
IAFP MEMBERSHIP	€ 45.00	
IAFP STUDENT MEMBERSHIP	€ 22.50	

Cancellation Policy

Registration fees, less a €75 administration fee and any applicable bank charges, will be refunded for written cancellations received by 6 April 2022. **No refunds will be made after 6 April 2022;** 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.

Registration fees will incur an additional 19% VAT. Membership fees are not subject to VAT.

Total Before VAT: _____

☐ Check Enclosed ☐ Visa ☐ Mastercard

VAT (19%): _____

☐ Wire Transfer (contact jfeeney@foodprotection.org for wire instructions)

Total: _____

CREDIT CARD # _____

CARD ID #* _____ EXP. DATE _____

CARDHOLDER NAME (Please print) _____

TOTAL PAYMENT € _____



www.foodprotection.org

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