

Equine Reproduction Days Registration Form

Early registration date is May 14, 2012!

Fax both pages to 0049 2461 34 04 84 or mail to Dr. Arno Lindner, Heinrich-Röttgen-Str. 20, D-52428 Jülich, Germany

Name of participant	ATF-/FFP-Member	Others
1. _____	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	<input type="checkbox"/>	<input type="checkbox"/>

Price (Euro)	Number of persons	Until 14.05.	After 14.05.	Total
Course 1: Mare gynaecology and artificial insemination				
June 14 and 15*				
ATF-/FFP-Member	<input type="text"/> X	650,-	700,-	<input type="text"/>
Others	<input type="text"/> X	700,-	750,-	<input type="text"/>
			Total	<input type="text"/>
June 14 only!**				
ATF-/FFP-Member	<input type="text"/> X	240,-	270,-	<input type="text"/>
Others	<input type="text"/> X	270,-	300,-	<input type="text"/>
			Total	<input type="text"/>
Surprise Evening on June 14!***				
All	<input type="text"/> X	80,-	90,-	<input type="text"/>
Course 2: Managing the late pregnant mare				
June 16 and 17**				
ATF-/FFP-Member	<input type="text"/> X	650,-	700,-	<input type="text"/>
Others	<input type="text"/> X	700,-	750,-	<input type="text"/>
			Total	<input type="text"/>
June 16 only!**				
ATF-/FFP-Member	<input type="text"/> X	240,-	270,-	<input type="text"/>
Others	<input type="text"/> X	270,-	300,-	<input type="text"/>
			Total	<input type="text"/>
Surprise Evening on June 16!***				
All	<input type="text"/> X	80,-	90,-	<input type="text"/>
			Total	<input type="text"/>

* Includes morning coffees, 4 coffee breaks, 2 lunch buffets and 19 % VAT
 ** Includes morning coffee, 2 coffee breaks, 1 lunch buffet and 19 % VAT
 *** Includes dinner, transport and 19 % VAT

REGISTRATION FORM



Equine Reproduction Days Registration Form

Early registration date is May 14, 2012!

Fax both pages to 0049 2461 34 04 84 or mail to Dr. Arno Lindner, Heinrich-Röttgen-Str. 20, D-52428 Jülich, Germany

Last name: _____ First name: _____

Institution/clinic: _____

Street and number: _____

ZipCode/City: _____ Country _____

Phone: _____ Fax: _____

E-mail: _____

European Union VAT-Identification number: _____

Payment by:

1) Credit card: Master Visa Amex Card Verification No:

Expiry date: month: year:

Card number:

Signature: _____

2) Bank transfer **without charges for the beneficiary** to the bank Sparkasse Düren
within Germany: BLZ 39550110, Kontonr. 1200055059
outside Germany: IBAN DE35395501101200055059 and BIC (swift code) SDUEDE33

DO YOU NEED MORE INFORMATION?

Please contact: Dr. Arno Lindner, Heinrich-Röttgen-Str. 20, D-52428 Jülich, Germany
Phone: 0049 2461 340 430, Fax: 0049 2461 340 484
E-mail contact@agpferd.de, www.agpferd.com

REGISTRATION FORM

