



Genetics Of Adiposity Leipzig

Application Form

First name*

Last name*

Titel

Current position

Business address

Institute, company name, etc. *

Full name*

Street address*

City*

ZIP/Postal code*

Country*

Email*

Contact phone*

Invoice address for registration fee

Full name*

Street address*

City*

ZIP/Postal code*

Registration fees and accommodation*

total costs: 480€

without accommodation: 350€

IFB/SFB member: 250€

* required information

Abstract

(maximum of 250 words)

Please be aware that after completing the registration with payment, no registration fee can be refunded.

Date:

Sign: