

Application form for event sponsoring

Please fill in the following questionnaire and send it back by email to info@phospholipid-institute.com

Your member number

Member number

Personal information

Mr. Ms. Dr. Professor

First name

Last name

Institute or company information

Institute or company

Lab or /and room number

Street / Number

Daytime phone

City / Zip

email

Country

Webpage

Phospholipid Research Center

Im Neuenheimer Feld 515
69120 Heidelberg, Germany

Tel: +49 (0)6221 588 83 60
info@phospholipid-institute.com

www.phospholipid-institute.com

Your event proposal

Theme/Purpose

Date

Number of participants

Location

Expected costs in EUR

Place, Date

Signature

To be completed by the Research Center Certified and approved rejected

Date, Signature