

# Registration Form

**5<sup>th</sup> European Symposium on Non-Lethal Weapons**  
Stadthalle Ettlingen, Germany

**May 11 - 13, 2009**

Fax +49(0)721-4640-120

\_\_\_\_\_  
Last name

\_\_\_\_\_  
First name

\_\_\_\_\_  
Title/Position

The registration fee will be paid upon receipt of the invoice.

It is agreed upon that pictures being taken during this event may be published.

\_\_\_\_\_  
Signature

**Company / Authority / Complete Address**

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\_\_\_\_\_  
\_\_\_\_\_

**Participation (please tick)**

**Welcome Reception \***

Monday, May 11, 19.00 h

**Discussion Forums \***

Monday, May 11, 13.30 - 16.00 h

**Forum I** or  **Forum II**

Monday, May 11, 16.30 - 19.00 h

**Forum III** or  **Forum IV**

**\* (incl. in the registration fee)**

\_\_\_\_\_  
e-mail

\_\_\_\_\_  
Phone No.

\_\_\_\_\_  
Fax No.

**Fraunhofer-Institut für  
Chemische Technologie • ICT  
Attn. Manuela Wolff  
P. O. Box 1240**

**D - 76318 Pfinztal**

