20th international Coating Symposium



Please fill in and send back by email or fax until September 1st, 2021. tsimone@coatema.de / +49 (0) 21 33 / 97 84 - 170

Registration for the 20th international virtual Coating Symposium, September 8th, 2021

Company / Institute	
Street / P.O. Box	
ZIP-Code, City	Country
Phone	Fax
E-Mail	Website
1. person	Department / function
2. person	Department / function
3. person	Department / function
I/We would like to participate on September 8 th, 2021 .	
Conditions of participation: We kindly ask you to register until September 1 st , 2021. The application will be confirmed together with the invoice. The participation fee is 199,- €/day for industry and respectively 149,- €/day for institutes and students. Please transfer this amount to the account mentioned on the invoice.	
Place / Date	Stamp / Signature

20th international





Photograph & Video Release Form

I hereby grant permission to the rights of my image, likeness and sound of my voice as recorded on audio or video tape without payment or any other consideration. I understand that my image may be edited, copied, exhibited, published or distributed and waive the right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of my image or recording. I also understand that this material may be used in diverse educational settings within an unrestricted geographic area.

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- conference presentationseducational presentations or courses
- ✓ informational presentations
- ✓ on-line educational courses
- ✓ educational videos
- ✓ social Media and Internet

By signing this release I understand this permission signifies that photographic or video recordings of me may be electronically displayed via the Internet or in the public educational setting.

I will be consulted about the use of the photographs or video recording for any purpose other than those listed above.

There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed.

This release applies to photographic, audio or video recordings collected as part of the sessions listed on this document only.

By signing this form I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I hereby release any and all claims against any person or organization utilizing this material for educational purposes.

Full Name	
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ZIP-Code, City	Country
Zir -code, city	Country
Phone	Fax
E-Mail	Website
Place / Date	Signature

E-mail: