

NEW COMPLIMENTARY SUBSCRIPTION FORM

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Yes, I wish to receive a subscription free of charge [Please use BLOCK CAPITALS]:

Company _____

Mr/Ms _____ Given Name(s) _____

Family Name _____

Job Title _____

Street Address _____

P O Box _____ City/Town _____

Postal Code _____ Country _____

Phone _____ Fax _____

E-Mail _____ Website _____

Primary operation at this location (tick one only):

- | | |
|--|--|
| <input type="radio"/> 00 Farm/co-operative | <input type="radio"/> 01 Manufacture of food/beverages |
| <input type="radio"/> 02 Manufacture of ingredients/additives | <input type="radio"/> 03 Manufacture of packaging materials/packaging machinery |
| <input type="radio"/> 04 Manufacture of processing machinery | <input type="radio"/> 05 Trade/distribution/wholesale, retailer |
| <input type="radio"/> 06 Exhibition organiser/consultancy/marketing institution | <input type="radio"/> 07 Government body/trade association/embassy |
| <input type="radio"/> 08 Hotel/hospitality industry | <input type="radio"/> 09 Environment |

Main industry sector (tick one only):

- | | | |
|---|---|--|
| <input type="radio"/> 21 Meat, meat products | <input type="radio"/> 22 Poultry, eggs | <input type="radio"/> 23 Dairy-based products |
| <input type="radio"/> 24 Fish, seafood | <input type="radio"/> 25 Beverages, juices | <input type="radio"/> 26 Coffee & tea |
| <input type="radio"/> 27 Baked goods | <input type="radio"/> 28 Confectionery, chocolate | <input type="radio"/> 29 Convenience foods & snacks |
| <input type="radio"/> 30 Vegetables, fruits | <input type="radio"/> 31 Spices, condiments, spreads | <input type="radio"/> 32 Ingredients, flavours, additives |
| <input type="radio"/> 33 Oils & fats | <input type="radio"/> 34 Health foods, baby foods | <input type="radio"/> 35 Commodities |
| <input type="radio"/> 36 Grains & cereals | <input type="radio"/> 38 Various foods & drinks | <input type="radio"/> 37 Other _____ |

My job function is:

- | | | | |
|---|--|---|---|
| <input type="radio"/> 50 CEO/Senior Management | <input type="radio"/> 51 Purchasing | <input type="radio"/> 52 Sales/Marketing | <input type="radio"/> 53 Technical Management/Production |
| <input type="radio"/> 54 Quality Control, R&D | <input type="radio"/> 55 Consultant | <input type="radio"/> 56 Other _____ | |

Number of employees at this site:

- A** 1-19 **B** 20-49 **C** 50-99 **D** 100-299 **E** 300-499 **F** 500 - 999 **G** 1000+

Date _____ Signature _____

PLEASE PRINT CLEARLY AND PROVIDE ALL DATA, THANK YOU. ALL OTHERS CANNOT BE PROCESSED.