SOFSEM 2000 Registration Form

Please E-mail to sofsem@sofsem.cz
or
make signed copy of Reg Form and send/FAX it to

Faculty of Informatics MU
J. Staudek - SOFSEM 2000
Botanicka 68a
602 00 Brno
Czech Republic
FAX: +420-5-4121 2568

Given name: _____ [] male [] female

Middle initials: _____

Family name: _____

Affiliation: _____

Address: _____

_____

_____

e-mail: _____

fax: _____

telephone: _____

Amount Paid: _____

Date of Payment: _____

Details of Payment: _____

Type of Fee (S1,..., S0): __

Single / Double Room: _____

Vegetarian (Y/N): _____

Passport No.
(CZ/SK - ROC/COP) _____

Special requirements: _____

Signature: Date: