

REPLY FORM - SOFSEM 2004 Conference

January 24 – January 30, 2004 • VZ Merin, Czech Republic

TO BE FAXED TO: (+420) 267 310 503

OR MAILED TO: Action M Agency, Vrsovicke 68, 101 00 Praha 10, Czech Republic

LAST NAME:	FIRST NAME:	MR/MS	TITLE:
UNIVERSITY / COMPANY:			
FACULTY:	DEPARTMENT:		
STREET:	CITY:		
ZIP CODE:	COUNTRY:		
PHONE:	FAX:		
E-MAIL:	WWW:		

NAME (S) OF ACCOMPANYING PERSON (S):
SPECIAL NEEDS (VEGETARIAN, DISABLED ETC.):

The number of SINGLE ROOMS and DOUBLE ROOMS is limited (first come first served)

ACCOMMODATION VZ Merin		REQUESTED ROOM:	Single Yes/No	Double* Yes/No	Triple* Yes/No	Bungalow* Yes/No	
		* preferably sharing room with :			N° of Nights:		
ARRIVAL Date:	ARRIVAL Time:	I will be for Saturday Dinner at 19.00	Yes/No	DEPARTURE Date:	DEPARTURE Time:	I will be for Thursday Dinner at 19.00	Yes/No
I will need an assistance in transportation from/to Prague (see www page)						Yes	No

PAYMENT

FULL FEES

Registration, Full Board and Accommodation

in Triple Room per person

REGULAR FEE: CZK 12 300

STUDENT FEE: CZK 9 900

in Double Room per person

REGULAR FEE: CZK 12 900

STUDENT FEE: CZK 10 500

in Single Room per person

REGULAR FEE: CZK 16 900

STUDENT FEE: CZK 14 400

in bungalow per person

REGULAR FEE: CZK 11 900

STUDENT FEE: CZK 9 500

"NO ACCOMMODATION" FEE:

CZK 11 900

ACCOMPANYING PERSON FEE

Full Board and Accommodation

in Double Room CZK 7 500

TOTAL:

CZK

PAYMENT BY BANK TRANSFER

NAME OF THE PAYER: _____

NAME OF THE BANK: _____

ACCOUNT NUMBER: _____

DATE OF PAYMENT: _____ TOTAL AMOUNT: _____

PAYMENT BY CREDIT CARD

VISA* MASTERCARD/EUROCARD*
 AMEX JCB DINERS CLUB

NUMBER:

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*LAST 3 DIGITS

On the signature strip
(the reverse side)

EXPIRE:

NAME ON CC: _____

I, the undersigned, authorise the Action M Agency to charge to my credit card the total amount of

CZK

YOUR SIGNATURE: _____