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, Vrsovicka 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:

***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: _____