

PlanSIG 2007 REGISTRATION FORM

December 17 - 18, 2007 *

Prague, Czech Republic

REGISTRATION DEADLINE: Early - November 16, 2007

TO BE *FAXED TO: (+420) 267 310 503 OR TO BE SENT ATTACHED TO: blanka@action-m.com

LAST NAME:	FIRST NAME:	MR/MS:	TITLE:
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UNIVERSITY / COMPANY:

COMPANY REGISTRATION No:	COMPANY VAT No:
FACULTY:	DEPARTMENT:
STREET:	CITY:
ZIP CODE:	COUNTRY:
PHONE:	FAX:
E-MAIL:	WWW:

NAME OF ACCOMPANYING PERSON (S):

SPECIAL NEEDS (VEGETARIAN, DISABLED ETC.):

DATE (TIME) OF ARRIVAL:	DATE OF DEPARTURE:	Nº OF NIGHTS:
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ACCOMMODATION

Accommodation OREA HOTEL PYRAMIDA	yes	no
NO ACCOMMODATION	yes	no

PAYMENT

BY CREDIT CARD IN CZK				yes / no		BY BANK TRANSFER IN EUR OR CZK		yes / no	
REGISTRATION FEES: Early: by November 16, 2007 Late: after November 16, 2007									
REGISTRATION FEE:		EUR	CZK	EUR	CZK	<p>The Total Registration Fee should be paid to the Czech Republic, Komerční Banka Praha 10, Milena Zeithamlova - Action M Agency, SWIFT: KOMB CZ PP, account EUR No. 7473400217/0100 IBAN: CZ3601000000007473400217 account CZK No. 221442-101/0100 IBAN: CZ0801000000000221442101 Please make sure that the bank transfer is made net of all bank charges and commissions.</p>			
EUR 160 / 200	CZK 4500 / 5600								
ACCOMPANYING PERSON FEE:		EUR	CZK						
EUR 35	CZK 1000 *								
TOTAL:		EUR	CZK			NAME OF THE PAYER:			
CREDIT CARD DETAILS									
VISA*	MASTERCARD/EUROCARD*			NAME OF THE BANK:					
AMEX	JCB	DINERS CLUB			ACCOUNT NUMBER:				
NUMBER:									
*LAST 3 DIGITS: (on the signature strip - the reverse side)									
EXPIRE:									
I, the undersigned, authorise the Action M Agency to charge to my credit card total amount of _____ CZK.									
YOUR SIGNATURE:									

***PRINT** Necessary in case of payment by credit card.