REPLY FORM

June 16 – June 18, 2003 • Prague, Czech Republic

Registration Deadline: EARLY April 30, 2003

TO BE FAXED TO: (+420) 26731 0503

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:		

↑ PLEASE TYPE OR PRINT, THE ABOVE DATA WILL BE USED FOR YOUR NAME BADGE, HOTEL VOUCHER AND THE LIST OF PARTICIPANTS ↑

NAME (S) OF ACCOMPANYING PERSON (S):

SPECIAL NEEDS (VEGETARIAN, DISABLED ETC.):

ACCOMMODATION	REQUESTED ROOM:	Single	Yes	No	Double	Yes	No
DATE (TIME) OF ARRIVAL:		DATE OF DEPARTURE:			N^{O} OF NIGHTS:		

PLEASE INDICATE 2 CHOICES (BY USING NUMBERS 1, 2)
(Descriptions and prices per night on http://cyber.felk.cvut.cz/ceemas2003/)

Hotel	Choice	HOTEL	Choice	HOTEL	Choice
Hotel DIPLOMAT		Hotel PYRAMIDA		Hotel KRYSTAL	
Deposit 3 500 CZK		Deposit 2 500 CZK		Deposit 1 500 CZK	

PAYMENT

REGISTRATION FEES By April 30/After April 30/On Site

REGULAR FEE: CZK 12 400/13 900/14 400 _____

STUDENT FEE: CZK 7 800/ 8 500/ 9 000 _____

TUTORIAL FEE: CZK 3 100 _____

ADDITIONAL TWO PROCEEDINGS PAGES: CZK 2500 _____

ACCOMPANYING PERSON FEE: CZK 1 500 _____

SOCIAL PROGRAM FEES

SIGHTSEEING TOUR OF PRAGUE: CZK 450 _____

3 LUNCHES: CZK 600 _____

ACCOMMODATION DEPOSIT

DEPOSIT: CZK 1 500/2 500/3 500 _____

TOTAL: CZK _____

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 total amount of _____ *CZK and that unless I have cancelled my hotel reservation in writing by May 16, 2003 to charge the accommodation balance due after that date.*

YOUR SIGNATURE: _____

PAYMENT BY BANK TRANSFER

NAME OF THE BANK: _____

DATE OF PAYMENT: _____ **TOTAL AMOUNT:** _____

A CHEQUE IS ENCLOSED **Yes** **No**