# REPLY FORM • MFCS 2001

**THE DEADLINES: EARLY registration – June 15 • LATE registration – August 10, 2001**

**TO BE FAXED TO: (+420-2) 6731 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: | | |

↑ FILL IN LEGIBLY, PLEASE. THE ABOVE DATA WILL BE USED FOR THE LIST OF PARTICIPANTS ↑

NAME OF ACCOMPANYING PERSON(S):

## ACCOMMODATION – please indicate 2 choices (using numbers 1,2) and type of room

| CHOICE | REQUESTED ROOM | | HOTEL | CATEGORY | ACCOMMODATION DEPOSIT |
|---|---|---|---|---|---|
| | ❑ single<br>❑ double – queen or king size bed<br>❑ double - two beds | | CRISTAL PALACE | **** | CZK 2500 |
| | ❑ single | ❑ double | VILLA BUTTERFLY | **** | CZK 2500 |
| | ❑ single | ❑ double | POLONIA | *** | CZK 1500 |
| | ❑ single, d.s.u. | ❑ double | EVROPA | ** | CZK 1000 |
| | ❑ single | ❑ double | PANORAMA | * | payable directly at the hotel |

| DATE (TIME) OF ARRIVAL: | DATE OF DEPARTURE: | N° OF NIGHTS: |
|---|---|---|
| SPECIAL NEEDS (VEGETARIAN, DISABLED ETC.): | | |

## PAYMENT

### ○ REGISTRATION FEES

before June 15/before August 10/after August 10

REGISTRATION FEE: CZK 9900/12200/13900 _____

STUDENT FEE: CZK 6600/7900/9300 _____
(proceedings are not included)

ACCOMPANYING PERSON FEE: CZK 1950 _____

### ○ OTHER FEES

ADDITIONAL COPY OF PROCEEDINGS: CZK 1700 _____

ADDITIONAL 1 LUNCH: CZK 300 _____

WALKING TOUR OF MARIANSKE LAZNE: CZK 280 _____

### ○ ACCOMMODATION DEPOSIT

HOTEL DEPOSIT: CZK 2500/1500/1000 _____

**TOTAL:** **CZK** _____

### ○ PAYMENT BY CREDIT CARD

❑ VISA ❑ MASTERCARD/EUROCARD
❑ AMEX ❑ JCB ❑ DINERS CLUB

CARD NUMBER: _____
LAST 3 DIGITS
on the signature strip (the reverse side): _____

EXPIRE: NAME ON CC:

I, THE UNDERSIGNED, AUTHORIZE 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 AUGUST 1, TO CHARGE THE ACCOMMODATION BALANCE DUE AFTER THAT DATE.

YOUR SIGNATURE: _____

### ○ PAYMENT BY BANK TRANSFER

NAME OF THE BANK: _____

DATE OF PAYMENT: _____

TOTAL AMOUNT: _____

YOUR SIGNATURE: _____

❑ A CHEQUE IS ENCLOSED