

Form A PAYMENT BY CREDIT CARD

Please, fill in block letters and send the signed form by fax to No. +420 541 143 398

IMAPS CZ&SK – EDS 2007 BRNO
PO Box 66, 563 01 Lanskrone, Czech Republic
E-mail: imaps@imaps.cz

Registration Number¹

PARTICIPANT:

☐ Mr. ☐ Ms. Family Name: First Name:
Title/Profession: Institution:
Address: Postal Code:
Town: Country:

ACCOMPANYING PERSONS

☐ Mr. ☐ Ms. Family Name: First Name:
☐ Mr. ☐ Ms. Family Name: First Name:

REGISTRATION FEE ²		Total
Regular	4 400 CZK	CZK
Student ³	3 300 CZK	CZK
Accompanying persons	No. x 950 CZK	CZK

TOTAL A **CZK**

Please charge TOTAL A, to my credit card: ☐ VISA ☐ Eurocard/Mastercard

Card Number Expiry Date:

Name of Cardholder CVC/CVV
(Last 3 numbers written on the backside strip)

Signature:

¹ Fill the registration number according to your registration on our website. If you are not registered, make your registration first on the address www.imaps.cz/eds2007

² The prices are obligatory given in Czech Crowns for payment by credit card.

³ Students and PhD Students - Certificate from the University required. Send the Certificate together with payment confirmation by fax to No: +420 5 4114 3398