

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 2009 BRNO
PO Box 66, 563 01 Lanskrone, Czech Republic
E-mail: imaps@imaps.cz

Registration Number¹
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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 4 900 CZK	CZK
Student ³ 3 500 CZK	CZK
Accompanying persons No. x 1000 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/eds2009

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