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 2010 BRNO PO Box 66, 563 01 Lanskroun, Czech Republic E-mail: imaps@imaps.cz		Registration No	umber ¹
PARTICIPANT:			
☐ Mr. ☐ Ms. Family Name:	Firs	t Name:	
Title/Profession: Instit	tution:		
Address:			
Town:	Country:		
ACCOMPANYING PERSONS			
☐ Mr. ☐ Ms. Family Name:	Firs	t Name:	
Mr. Ms. Family Name:	Firs	t Name:	
REGISTRATION FEE ²	Before June 30 ⁴	After July 1	Total
Regular	4 900 CZK	5 400 CZK	CZK
Student ³	3 500 CZK	4 000 CZK	CZK
Accompanying persons No x	1000 CZK	1 000 CZK	CZK
		TOTAL A	CZK
Please charge TOTAL A, to my cred	dit card:	☐ Eurocard	/Mastercard
Card Number	Expiry Date	·	
Name of Cardholder			

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/eds2010

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

⁴ Reduced conference fee is valid for IMAPS members till the conference date. IMAPS members paying the conference fee after the July 1, 2010 should send the copy of their IMAPS membership proof by fax or by e-mail to the conference organizer.