BOOKING FORM – EPG Prague 2004 Conference - May 18 – 23, 2004

Accommodation at the AMU Dependence

Tržiště 18, Prague 1, Czech Republic

DEADLINE FOR BOOKING: May 4, 2004

TO BE FAXED TO: (+420) 267 310 503

OR MAILED TO: Action M Agency, Vrsovicka 68, 101 00 Praha 10, Czech Republic

SURNAME:.....FIRST NAME:.....

TITLE: Mr./Mrs./Ms./Dr./Prof. .....ACCOMPANYING PERSON:.....

TELEPHONE NO: .....FAX NO: .....

E-MAIL: ..... TOTAL NO. OF NIGHTS REQUIRED:.....

ARRIVAL (TIME): .....DEPARTURE DATE: .....

ARRIVAL TIME (CHECK-IN from 14.00).....DEPARTURE TIME (CHECK-OUTuntil12.00).....

PAYMENT – AMU Dependence

PAYMENT BY CREDIT CARD

ACCOMMODATION

☐	**DSU ROOM: 1100 CZK X ____NIGHTS =**	
☐	**DOUBLE ROOM: 1200 CZK X ____NIGHTS =**	
☐		
TOTAL:	**CZK**	0

CREDIT CARD DETAILS

☐	**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 the total amount of 0 _____ *CZK*

YOUR SIGNATURE:

PAYMENT BY BANK TRANSFER

☐ **yes** ☐ **no**

*Payment to be sent to the Czech Republic, Komercni Banka Praha 10, Milena Zeithamlova - Action M Agency, SWIFT: KOMB CZ PP, account **CZK No. 221442101/Bank Code 0100**. Please make sure that the bank transfer is made net of all bank charges and commissions.*

NAME OF THE PAYER:

NAME OF THE BANK:

ACCOUNT NUMBER:

DATE OF PAYMENT:

Cancellation Policy

- cancellation received 1 month before arrival: **no charges**
- cancellation received 14 days before arrival: **one night room charge**
- cancellation received less than 5 days or a "no show": **full booking charges**

PRINT & SEND

Thank you