ISBIS4 REGISTRATION FORM

ONE-DAY WORKSHOP April 13 • ISBIS4 April 14 - 16, 2005

• Novotel Palm Cove Resort, Tropical North Queensland, Australia •

REGISTRATION DEADLINES: February 4, 2005 & April 6, 2005

TO BE FAXED TO: (+420) 267 310 503 OR TO BE SENT AS AN ATTACHMENT TO milena@action-m.com

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

LAST NAME:											FIRST NAME:						MR/MS			
UNIVERSITY / COMPANY:																				
FACULTY:											DEPARTMENT:									
STREET:											CITY:									
ZIP CODE:											COUNTRY:									
PHONE:											FAX:									
E-MAIL:												HTTP://								
NAME OF	NAME OF ACCOMPANYING PERSON (S):																			
							C.):													
	SPECIAL NEEDS (VEGETARIAN, DISABLED ETC.): DATE (TIME) OF ARRIVAL:											OF D	EPARTL	JRE:	Nº OF NIGHTS:		HTS:			
PAYMENT BY BANK TRANSFER												S		10						
ISBIS4 ONE-DAY WORKSHOP (from 10.00 on Wednesda														. •	By bank transfer: Payments may be made					
	REGISTRATION FEE: Early: by Feb 4 / Late: after Feb 4 / On Site: after															an dollars, US dollars, zech Crowns. Please				
The control of the Lang. by 160 4/ Late. after Feb 4/ Off											AUD	EUR		CZK	transfer the payment to the					
FEE:	AUD 295/350/405 EUR 175/205/240 USD 215/260/300 CZK 5650/6700/7750														account most convenient for you. (Czech Republic, Komercni banka,					
ISBIS4	ISBIS4 (from Thursday, April 14 - Saturday, April 16, 2005)													Praha 10, Kubanske nam. 18 account name - Milena						
											Site:	after	r April 6			a, Action M				
	EGISTRATION FEES: Early: by Feb 4 / Late: after Feb 4 / O IEMBER: * AUD 340/400/450 EUR 200/235/265 USD 250/295/330 CZK 6500/7650/8650														Swift Code: KOMBCZPP					
NON-MEN	1BER:	AUD 3	390/47	0/520	E	UR 23	0/27	5/ 30)5						Tax Invoice required					
STUDENT:	USD 285/340/375 CZK 7500/8950/9950 TUDENT: AUD 160/210/260 EUR 95/125/155															'				
PARTNER	PROC		120/16	0/195	C	ZK 31	.00/4	100/	5100						AUD Account №: 35-2407770217/0100					
GALA DIN				UR 115 /	USD 1	L45/ C	ZK 37	750							IBAN: CZ630:	100000035	2407770217			
				R 55 / U	SD 65,	/ CZK :	1750	ı							EUR Account 7473400217					
GALA DIN	NER F			IT: R 30 / U:	SD 35	/ C7K (950								IBAN: CZ360:	100000000	7473400217			
TOTAL:				USD / C		OLICE	500								7498980297					
* Please indicate to which SPONSORING SOCIETY or															IBAN: CZ890:	100000000	7498980297			
	PARTICIPATING ORGANISATION you belong to or if you are an INVITED SPEAKE														CZK Accoun 221442-101					
NAME OF PAYER: DATE OF PA													MENT:		IBAN: CZ080	100000000	0221442101			
NAME OF			DIT C	MDD /	in O	71/ 0:	n la A				VE	0		10						
VISA	IENT BY CREDIT CARD (in CZK only): MASTERCARD/EUROCARD AME							4EY	YES		JCB			DINERS CLUB						
VIOA						, 			_\				EXPIRY			IIVENS CEO				
LACT O DIO	ITC:					(or	the	signa	 ature	strip	_				ME.					
LAST 3 DIG							the	rever	se sid	de)			CC HOLDER NAME:							
I, the under	, the undersigned, authorise the Action M Agency to charge to my												CC HOLDER SIGNATURE:							
credit card	the to	tal am	ount of	f			_CZK	(