

BOOKING FORM – EPG Prague 2004 Conference - May 18 – 23, 2004Accommodation 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				PAYMENT BY BANK TRANSFER			
ACCOMMODATION				<input type="checkbox"/> yes <input type="checkbox"/> no			
DSU ROOM: 1100 CZK X ____NIGHTS =				Payment to be sent to the Czech Republic, Komerční 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.			
DOUBLE ROOM: 1200 CZK X ____NIGHTS =							
TOTAL:		CZK		NAME OF THE PAYER:			
CREDIT CARD DETAILS				NAME OF THE BANK:			
VISA*		MASTERCARD/EUROCARD*		ACCOUNT NUMBER:			
AMEX		JCB		DATE OF PAYMENT:			
DINERS CLUB				Cancellation Policy			
NUMBER:				<ul style="list-style-type: none"> ▪ 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 			
LAST 3 DIGITS:							
<i>(on the signature strip - the reverse side)</i>							
EXPIRE:				<div style="text-align: center; border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> PRINT & SEND </div> <p>Thank you</p>			
NAME ON CC:							
I, the undersigned, authorise the Action M Agency to charge to my credit card the total amount of		_____CZK					
YOUR SIGNATURE:							