

## Registration Form

Prof  Dr.  Mr.  Ms.

First Name ..... Middle Name .....

Surname .....

Full postal address.....

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Phone..... Fax.....

E-mail.....

Accompanying person:.....

Title of Presentation.....

.....

Preferred type:  Lecture  Poster

Section .....

Required:  Slide projector  Data projector  Overhead

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### Accommodation

\*\*\*\* double room  \*\*\*\* single room

\*\*\* double room  \*\*\* single room

smoker  nonsmoker  vegetarian

In the case of sharing room indicate possible roommate.....

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Facultative Guided tour of Prague

Arrival .....

Departure .....

Date:..... Signature: .....