



# REGISTRATION FORM

## Dyproso XXX

Český Krumlov Czech Republic  
September 27 - October 1, 2005



Send your registration to: ICARIS Ltd., *Conference Management*, Nam. Dr. Holeho 8, 180 00 Praha 8, Czech Republic

Fax: +420 266 312 113, E-mail: icaris@icaris.cz

You will receive detailed payment instructions by return.

For a faster (and preferable) online registration, visit <http://palata.fzu.cz/dyproso/>

Prof. ☐ Dr. ☐ Other title: .....

Mr. ☐ Ms. ☐

Family Name

First Name

Affiliation (Institute, University)

Address: Street

City, postal code

Country

E-mail

Phone / fax

#### REGISTRATION FEES

Regular fee (before June 30)

☐ 12000 CZK

☐ Other fee ..... CZK

Accompanying persons' fee

☐ 3000 CZK

Number of accompanying persons: ..... Name(s): .....

#### POST-CONFERENCE TOURS (Saturday afternoon, October 1)

ROZMBERK NAD VLTAVOU AND VYSSI BROD

☐

900 CZK

Number of tickets: .....

ZLATA KORUNA MONASTERY

☐

400 CZK

Number of tickets: .....

#### ACCOMMODATION

Hotel/ Boarding House	Single bedroom (CZK)	Double bedroom (CZK)
Ruze	3100	4100
U mesta Vidne	2500	3100
Zlaty Andel	1950	2800
U Vaclava	---	2100-2500
Na louzi	1330	1330
Lobo	850	1000
Eva	500	1000
Danny	---	850-1050

Arrival date (check in): ....., 2005

Departure date (check out): ....., 2005

Single-bed room ☐ Double-bed room ☐

I wish to share a double-bed room with another participant Yes ☐

Name of this participant: .....

My hotel order: 1. ....

2. ....

Room rates include VAT and breakfast

#### PAYMENT

I will be sending the money by: ☐ Money transfer or Bank transfer ☐ Cheques ☐ Credit card

#### MISCELLANEOUS

Participants who need a visa to enter the Czech Republic should contact the Czech Embassy or Consulate.

I will need a **confirmation letter** for the visa application procedure

Yes ☐

There will be a **free conference bus** Prague – Cesky Krumlov leaving from the airport on September 27, 16:00

I am interested in taking the conference bus

Yes ☐