

14th Radiochemical Conference

14 - 19 April 2002, Mariánské Lázně, Czech Republic

Final Registration Form

Name _____ Title (Dr., Mr., Mrs., etc.) _____
Last (Family) Name _____ Middle Initial _____
First (Given) Name _____
Organisation _____ Department _____
Company, University, etc. _____
Mailing Address _____ Street _____
City _____ State or Province (if applicable) _____ Postal Code or ZIP _____ Country _____
Telephone _____ E-mail _____
Hotel name _____ Single/Double room _____
Arrival _____ Departure _____ No. of nights _____ No. of persons _____

Please mark:
I wish to take the Conference Bus to and from Mariánské Lázně: No Yes
I wish to book the Post-Conference trip to Prague: No central location hotel other location hotel
Number of persons: _____
Number of persons: _____
Signature _____ Date _____

Please mail or fax this form to: **14th Radiochemical Conference**, Ms. K. Rosíková, Department of Nuclear Chemistry, Faculty of Nuclear Sciences and Physical Engineering, Czech Technical University in Prague, Břehová 7, 115 19 Prague 1, Czech Republic, Fax: (+420 2) 232 0861.

PAYMENT

Please sum the amounts due for your reservations:

Registration fee _____ EUR
Accompanying person(s) registration fee _____ EUR
Accommodation (total per stay) _____ EUR
Transfer to/from Mariánské Lázně _____ EUR
Post Conference Tour to Prague _____ EUR

TOTAL AMOUNT DUE _____ **EUR**

Please tick your preferred payment method:

By credit card (minimum one night deposit must be paid):

I hereby authorise you to charge my credit card with the amount indicated below.

Amount: _____ EUR

American Express Master Card* Visa Card**

Card No.: _____

Expiry Date: _____

*Card Validation Code/ **Card Validation Value _____
(the last 3 small numbers near your signature on the reverse side of the credit card)

Name of the Cardholder: _____

Address of the Cardholder: _____

Date: _____

Cardholder's Signature: _____

Direct Bank Transfer (minimum 100 EUR must be sent) to:

Komerční banka, Dejvická 52, 160 59 Praha 6, Czech Republic

Account Name: ČVUT v Praze - SÚZ

Account Number: 27-4082120257/0100

Details of payment: "Variable symbol: 7057"

Surname of the participant(s)

N.B. All direct bank transfer charges **must** be covered by the participant(s). Please, forward a copy of your bank transfer order to the Conference Secretariat.

On-site payment

N.B. On-site payment is acceptable for the registration fees, only. Minimum one night hotel deposit **must** be paid in advance.

We regret that no personal or company cheques can be accepted.

CERTIFICATE OF STUDENTSHIP

As a Department Head, I the undersigned,

Name (in block letters): _____
certify that the registrant is still a full-time student

Signature: _____