

3rd WORKSHOP ON ICHNOTAXONOMY

Prague, Jevíčko, September 4 – 9, 2006



ACCOMMODATION FORM (in Prague only)

Please, fill in the Accommodation form in block letters and return it before **July 14, 2006** to Conference Partners Prague Ltd.. On-line electronic registration is available on the Web site: <http://www.conference.cz/celcc2006/>

Surname: _____ First Name: _____

Title: _____ Institution: _____

Mailing Address: _____

Post Code: _____ Town: _____ Country: _____

Phone: _____ Fax: _____ E-mail: _____

Arrival: _____ Departure: _____ Nights: _____

FOR EUROPEAN UNION ONLY! Participants are obliged to indicate VAT number if the payment is made by a company or institution. **VAT number:** _____

I wish to reserve the following accommodation:

HOTEL	SGL ROOM	DBL ROOM	NO. OF SGL ROOMS	NO. OF DBL ROOMS
Antik City ***	105 EUR	124 EUR		
Lunik ***	86 EUR	118 EUR		
Museum ***	82 EUR	98 EUR		
City Inn ***	74 EUR	88 EUR		
Extol Inn ***	53 EUR	81 EUR		
Extol Inn **+	35 EUR	61 EUR		
Extol Inn **	29 EUR	49 EUR		

All prices are per room, per one night incl. breakfast and incl. VAT. In case of exchange rate changes by more than 5% Conference Partners Prague Ltd. has the right to modify prices.

Hotel Deposits:

Reservation will be guaranteed only after receipt of the one-night deposit. The rest of the accommodation payment should be covered on **July 5, 2006** at latest.

Cancellation Fees:

All cancellations must be done in writing and sent to Conference Partners Prague Ltd. Refunding will be performed according to the following cancellation fees:

Cancellation within 59 – 30 days prior to arrival: 50 % of the whole booking value

Cancellation within 29 – 15 days prior to arrival: 80 % of the whole booking value

Cancellation within 14 – 03 days prior to arrival: 90 % of the whole booking value

Cancellation within 02 – 0 days prior to arrival: 100% of the whole booking value

TOTAL PAYMENT:

☒ B I enclose a copy of the bank transfer in the amount of _____ **EUR**
Bank account No.: 176970780 / 0300 of the Conference Partners Prague Ltd., at the
Československá obchodní banka, a. s., Anglická 20, 120 00 Prague 2, Czech Republic.
IBAN: CZ64 0300 0000 0001 7697 0780, BIC: CEKOCZPP

☐ I authorize the Conference Partners Prague Ltd. to charge my credit card with the total payment of _____ **EUR**

☐ VISA

☐ Eurocard/MasterCard

Card holder's name (as appears on card) _____

Card No. _____ Expiry date _____ CVC code* _____

(* CVC code are the three last figures of the number which is above the signature strip on the back side of your card)

Date _____

Signature _____