

TOURS FORM

Please, fill in the Tours form in block letters and return it before **April 1, 2011** to Conference Partners Prague Ltd. You will find more information on the Symposium website: www.conferencepartners.cz/SPIE2011. It is possible to reserve the tours also on site during the symposium at the registration desk.

Surname _____ First Name _____

Title _____ Institution _____

Mailing Address _____

Post Code _____ Town _____ Country _____

Phone _____ Fax _____ E-mail _____

I reserve the following tour/s:

Date	Time	Tour	Price	Number of tickets	Preferred term
Daily except on Mondays	09.30-13.30	Konopiště Castle	41 EUR		
Daily except on Mondays	13.00-18.00	Kutná Hora	40 EUR		
Daily except on Mondays	09.45-13.15	Grand City Tour Prague	29 EUR		
Daily except on Mondays	09.30-13.30	Karlštejn	40 EUR		
Daily	08.30-18.00	Karlovy Vary	63 EUR		
Daily except on Mondays	09.30-18.00	Konopiště + Karlštejn	81 EUR		
Daily except on Saturdays	09.30-12.00	Jewish Prague	38 EUR		

Tours Deposits:

Reservation will be guaranteed only after receipt of the payment for the chosen tours.

Cancellation Fees:

Any cancellation must be notified in writing to Conference Partners Prague Ltd. Cancellation free of charge is possible until **April 1, 2011**. After this date no refunding is possible.

The prices indicated in the Tours form are displayed in Euros (converted from the local currency Czech Crowns /CZK rates) and are per person including VAT. In case of exchange rate changes by more than 5% Conference Partners Prague Ltd. has the right to modify the prices.

TOTAL PAYMENT:

☐ I enclose a copy of the bank transfer of 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: CEKO-CZ-PP

☐ 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 _____

Date _____

Signature _____