11th PRAGUE WORKSHOP ON CATHETER ABLATION

March 16 – 18, 2008, Prague, Czech Republic

REGISTRATION FORM

Title_________First Name __________________________ Last Name ______________________________

Hospital / Institute / Company____

Department____ Position ___________________________

Mailing Address ____

City____________________________________ Country _____________________________________

Phone__________________________ Fax ____________________________e-mail_________________________

REGISTRATION

o 200 EUR (up to February 15, 2008) o 250 EUR (from February 16, 2008) o free of charge – CKS members

I am interested in an active participation in the Workshop YES o NO o

My presentation / case report title:

____

Co-authors: ____

HOTEL REQUEST

Arrival Date ____________________________________ Departure Date _____________________________

HOTEL: o TOP Hotel Praha * * * * o Vladar * * * * o Emmy Rezidence * * * o ILF Hotel * * *

2nd choice: ___________________________________ (if requested hotel is booked)

Special requirements ____

Room type:
- single o
- double with spouse o
- one bed in double o Room Mate _________________________________

Full prepayment of the registration fee as well as the accommodation is required. Please advise the way of payment you will use:

o bank transfer – account No. 1066072036/2700 with UniCredit Bank Czech Republic a.s., Italská 24, Praha 2, swift code BACXCZ PP, IBAN 1927000000001066072036 (please attach copy of bank transfer document)

o credit card

Type of credit card:	Visa Eurocard Mastercard American Express		
Cardholder's name:			
Card number:		Expiry date:	
Cardholder's signature:		* Card validation code:	

* last 3 digits in the signature stripe on the reverse side of credit card (Visa, Eurocard, Mastercard), or 4 digits above the card number (American Express)

Registration forms as well as payments should be addressed to:

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Date ....   Signature ....