

12th PRAGUE WORKSHOP ON CATHETER ABLATION

April 5 – 7, 2009, Prague, Czech Republic

REGISTRATION FORM

Title _____ First Name _____ Last Name _____
Hospital / Institute / Company _____
Department _____ Position _____
Mailing Address _____
City _____ Country _____
Phone _____ Fax _____ e-mail _____

REGISTRATION

- 250 EUR - up to February 28, 2009
 300 EUR - from March 1, 2009
MEMBERS OF CZECH SOCIETY OF CARDIOLOGY AND CZECH NURSING ASSOCIATION
 0 CZK - pre-registration only
 1500 CZK – on-site registration

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

My presentation / case report title:

Co-authors: _____

HOTEL REQUEST

Arrival Date _____ Departure Date _____

HOTEL: TOP Hotel Praha **** Vldar **** Emmy Rezidence **** Gradient ***

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

Special requirements _____

Room type: single
double with spouse
one bed in double Room Mate _____

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

- bank transfer – EUR account No. 1066072036/2700 with UniCredit Bank Czech Republic a.s., swift code BACXCZ PP, IBAN 192700000001066072036 (please attach copy of bank transfer document)
 bank transfer – CZK account (payments from Czech Republic only) 1066072001/2700 with UniCredit Bank Czech Republic a.s. (please attach copy of bank transfer document)
 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:

CCL-CONFERENCE CZECHOSLOVAKIA LTD.
Na zástřelů 11/108, 169 00 Praha 6, Czech Republic
phone: +420-604 228 075
fax: +420-220 516 834
e-mail: hh@ccl.cz

Date

Signature