

REPLY FORM • TARSKI WORKSHOP

November 14 – 16, 2002 • Prague, Czech Republic

Please fax or send in your earliest convenience, no later than October 10, 2002

TO BE FAXED TO: (+420-2) 6731 0503

OR MAILED TO: Action M Agency, Vrsovicka 68, 101 00 Praha 10, Czech Republic

LAST NAME:	FIRST NAME:	MR / MS	TITLE:
UNIVERSITY / COMPANY:			
FACULTY:	DEPARTMENT:		
STREET:	CITY:		
ZIP CODE:	COUNTRY:		
PHONE:	FAX:		
E-MAIL:	WWW:		
↑ FILL IN LEGIBLY, PLEASE. THE ABOVE DATA WILL BE USED FOR THE LIST OF PARTICIPANTS AND NAME BADGE ↑			
NAME OF ACCOMPANYING PERSON(S):			
SPECIAL NEEDS (VEGETARIAN, DISABLED ETC.):			

ACCOMMODATION

REQUESTED ROOM:

SINGLE

DOUBLE

DATE (TIME) OF ARRIVAL:	DATE OF DEPARTURE:	N ^o OF NIGHTS:
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Please mark below your chosen hotel:

category	hotel	Accommodation deposit	Yes	No
***	Masarykova Hostel	CZK 1000	<input type="checkbox"/>	<input type="checkbox"/>
***	Denisa Hotel		<input type="checkbox"/>	<input type="checkbox"/>
****	Diplomat Hotel	CZK 3000	<input type="checkbox"/>	<input type="checkbox"/>

PAYMENT

REGISTRATION FEES

REGISTRATION FEE: CZK 4200 _____

ACCOMMODATION DEPOSIT

DEPOSIT Masarykova Hostel: CZK 1000 _____

DEPOSIT Denisa Hotel: CZK 1000 _____

DEPOSIT Diplomat Hotel: CZK 3000 _____

ACCOMPANYING PERSONS

FESTIVE DINNER: CZK 900 _____

TOTAL: CZK _____

PAYMENT BY CREDIT CARD

VISA* MASTERCARD/EUROCARD*
 AMEX JCB DINERS CLUB

NUMBER: _____

*LAST 3 DIGITS ON THE SIGNATURE STRIP (THE REVERSE SIDE): _____

EXPIRE: _____ NAME ON CC: _____

I, the undersigned, authorise the Action M Agency to charge to my credit card total amount of CZK _____ and that unless I have cancelled my hotel reservation in writing by October 10, 2002 to charge the accommodation balance due after that date.

YOUR SIGNATURE: _____

PAYMENT BY BANK TRANSFER YES NO

NAME OF THE BANK: _____

DATE OF PAYMENT: _____

TOTAL AMOUNT: _____

A CHEQUE IS ENCLOSED YES NO