

6th EUROPEAN AMERICAN CONGRESS ON VENOUS DISEASES
30th ANNUAL CONGRESS OF THE CZECH SOCIETY OF PHLEBOLOGY

Prague, Czech Republic • 26th – 28th May 2005

This Form is to be completed and returned before **MARCH 15, 2005** to the following address:

Congress Business Travel, Ltd.
Lidická 43/66
150 00 Prague 5
Czech Republic

Fax: +420 224 942 550
E-mail: flebo05@cbttravel.cz

ACCOMMODATION & TOURIST PROGRAMME FORM

Surname Mr / Mrs _____

First Name _____ Title _____

Mailing Address _____

City _____ Postal Code _____

State _____ Country _____

Phone _____ Fax _____

E-mail _____

Accompanying person / s _____

Arrival date _____ Depature date _____ Number of nights _____

ACCOMMODATION

Accommodation has been reserved at hotels of several categories. Kindly note that all capacities are limited and all requests will be considered in order of receipt. Kindly fill in the number of requested single or double room. Requests received **after MARCH 15, 2005** will be confirmed only within possibilities left. Prices are in EUR per room and night including breakfast, VAT and city tax. In case currency rate changes by more than 5% CBT has the right to modify prices accordingly.

Hotel	single room	double room	number of single rooms	number of double rooms
Corinthia Panorama *****	150 EUR	165 EUR		
Novoměstský ***	110 EUR	133 EUR		
Legie ***	89 EUR	103 EUR		
Jeřábek ***	83 EUR	96 EUR		
Attic ***	58 EUR	75 EUR		
Sporthotel Oaza ***	42 EUR	63 EUR		

I would like to share a room with: _____

Total accommodation: EUR _____

TOURIST & SOCIAL PROGRAMME

Beer Party May 27, Friday Restaurant "U Kalicha"	price per person: 35 EUR	number of person/s _____	EUR _____
Trip to Castle Karlštejn and Nižbor Glass Factory May 28, Saturday	price per person : 55 EUR	number of person/s _____	EUR _____

Total tourist & social programme: EUR _____

METHOD OF PAYMENT

Please indicate which of the following methods you will use for the payment. Kindly note that **all bank expenses must be covered by the remitter**. Upon receipt of the properly completed form, Congress Business Travel will send you the confirmation of the accommodation together with the name and address of the respective hotel.

Bank transfer (the Technical Secretariat will send you an invoice before your payment)

Please charge my credit card (+3,5% for administration fees):

Type _____ Card Holders Name _____

Card No. _____

Expiry Date (mm/yy) _____ CVV code _____ (last 3 digits on the signature panel)

Billing Address (AMEX): _____

Date: _____ Signature: _____