



THE WORLD FAMILY CONFERENCE

May 15 -19, 2007, Prague, Czech Republic

ACCOMMODATION FORM

Please, fill in the Accommodation form in block letters and return it before **March 15, 2007** to Conference Partners Prague Ltd. (Fax No.: +420 224 261 703). On-line electronic registration is available on the Web site: <http://www.conference.cz/WFC2007>

Surname: _____ First Name: _____

Title: _____ Institution: _____

Mailing Address: _____

Post Code: _____ Town: _____ Country: _____

Phone: _____ Fax: _____ E-mail: _____

Arrival: _____ Departure: _____ Nights: _____

I wish to reserve the following accommodation:

HOTEL	SGL ROOM	DBL ROOM	NO. OF SGL ROOMS	NO. OF DBL ROOMS
Diplomat ****	sold out	sold out		
Questenberk ****	sold out	sold out		
Pyramida **** (CONFERENCE VENUE)	120 EUR	134 EUR		
Denisa ***	sold out	sold out		
Větrník/Hvězda (a)	sold out	sold out		

All prices are per room, per one night incl. breakfast (**except a**) and incl. VAT. In case of exchange rate changes by more than 5% Conference Partners Prague Ltd. has the right to modify prices.

Hotel Deposits:

Reservation will be guaranteed only after receipt of the first night deposit. The balance of hotel account should be covered until **March 15, 2007**.

Cancellation Fees:

Any cancellation must be notified in writing to Conference Partners Prague Ltd. The payment of accommodation will be refunded in accordance with the following cancellation fees:

Cancellation within 59 – 30 days prior to arrival: 30 % of the whole booking value

Cancellation within 29 – 15 days prior to arrival: 80 % of the whole booking value

Cancellation within 14 – 0 days prior to arrival: 100 % of the whole booking value

TOTAL PAYMENT:

I enclose a copy of the bank transfer in 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 _____ CVCcode* _____

(* CVC code are the three last figures of the number which is above the signature strip on the back side of your card)

Date _____

Signature _____