



THE WORLD FAMILY CONFERENCE

May 15.-19., 2007, Prague, Czech Republic

TOURS FORM

Please, fill in the Tours form in block letters and return it before **April 30, 2007** to Conference Partners Prague Ltd. On-line electronic registration is available on the Web site: www.conference.cz/WFC2007

Surname _____ First Name _____

Title _____ Institution _____

Mailing Address _____

Post Code _____ Town _____ Country _____

Phone _____ Fax _____ E-mail _____

I reserve the following tour/s:

Tour terms	Time	Tour	Price	Number of tickets
Daily	09.45-13.15	Grand City Tour Prague	22 EUR	
Daily except 14.+21.05.2007	09.30-13.30	Konopiště Castle	36 EUR	
Daily except 14.+21.05.2007	13.00-18.00	Kutná Hora	35 EUR	
Daily except 14.+21.05.2007	09.30-13.30	Karlštejn	33 EUR	
Daily	08.30-18.00	Karlovy Vary	56 EUR	
Daily except 14.+21.05.2007	09.30-18.00	Konopiště + Karlštejn	62 EUR	
Daily except 19.05.2007	09.30-12.00	Jewish Prague	33 EUR	

Tours Deposits:

Reservation will be guaranteed only after receipt of the payment for the chosen tours.

Cancellation Fees:

Any cancellation must be notified in writing to Conference Partners Prague Ltd. Cancellation without charges is possible until **April 1, 2007**. After this date no refunding is possible.

All prices are incl. VAT. In case of exchange rate changes by more than 5% Conference Partners Prague Ltd. has the right to modify prices.

TOTAL PAYMENT:

I enclose a copy of the bank transfer of 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 _____