

SYMPOSIUM ON NARCOLEPSY AND HYPERSOMNIA

April 24, 2009, Hotel Pyramida, Prague, Czech Republic

REGISTRATION FORM

Please, fill in the Registration form in block letters and return it to the symposium secretariat. On-line electronic registration is available on the symposium website:

www.conference.cz/narcolepsy-hypersomnia2009.

Surname _____ First Name _____

Title _____ Institution _____

Mailing Address _____

Post Code _____ Town _____ Country _____

Phone _____ Fax _____ E-mail _____

I register for the symposium and will pay the following registration fee(s):

Early registration (100 EUR, by February 15, 2009) _____ EUR

Late registration (150 EUR, after February 15, 2009) _____ EUR

Accompanying person fee (20 EUR) _____ EUR

I wish to attend the Welcome party held April 23, 2009 and order _____ tickets
(included in the registration fee)

TOTAL PAYMENT:

The total payment in the amount of _____ EUR will be covered by bank transfer.

Owner of the account: Conference Partners s.r.o., Sokolská 26, 120 00 Prague 2

Name and address of the bank: Československá obchodní banka a.s, Anglická 20, 120 00 Prague 2

BIC (SWIFT) code of the bank: CEKOCZPP

Number of the bank account: 177010335/0300

IBAN code of the account: CZ49 0300 0000 0001 7701 0335

Copy of the bank transfer has to be sent (by mail, fax or E-mail) to the symposium secretariat.

Please note that all transfer charges have to be paid by the participant.

I authorize the Conference Partners s.r.o. to charge my credit card with _____ EUR.

VISA

Eurocard/MasterCard

Card holder's name (as appears on card) _____

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Date _____

Signature _____