

SYMPOSIUM ON NARCOLEPSY AND HYPERSOMNIA

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

TOURS FORM

Please, fill in the Tours form in block letters and return it before **April 10, 2007** to the Symposium administrator (Conference Partners Prague Ltd.). On-line electronic registration is available on the Web site: www.conference.cz/narcolepsy-hypersomnia2009

Surname _____ First Name _____

Title _____ Institution _____

Mailing Address _____

Post Code _____ Town _____ Country _____

Phone _____ Fax _____ E-mail _____

FOR EUROPEAN UNION ONLY! Participants are obliged to indicate VAT number if the payment is made by a company or institution. VAT number: _____

I reserve the following tour/s:

| Date | Time | Tour | Price | Number of tickets | Preferred term |
|---------------------------|-------------|------------------------|--------|-------------------|----------------|
| Daily except on Mondays | 09.30-13.30 | Konopiště Castle | 41 EUR | | |
| Daily except on Mondays | 13.00-18.00 | Kutná Hora | 40 EUR | | |
| Daily except on Mondays | 09.45-13.15 | Grand City Tour Prague | 29 EUR | | |
| Daily except on Mondays | 09.30-13.30 | Karlštejn | 40 EUR | | |
| Daily | 08.30-18.00 | Karlovy Vary | 63 EUR | | |
| Daily except on Mondays | 09.30-18.00 | Konopiště + Karlštejn | 81 EUR | | |
| Daily except on Saturdays | 09.30-12.00 | Jewish Prague | 38 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 10, 2009**. 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 _____

Date _____ Signature _____