

# REGISTRATION FORM

## ANNUAL AG MEETING

Praha, Czech Republic \* September 20 - 25, 2004

(please type or print legibly)

Send your registration to: ICARIS Ltd., **Conference Management**, Nám. Dr. Holého 8, 180 00 Praha 8, Czech Republic

Fax: +420 266 312 113, E-mail: icaris@icaris.cz

**Dead-line for registration & payments: June 30, 2004**

Prof.  Dr.  Other degree: .....

Mr.  Ms.

Family Name

First Name

Organization (Institute, University)

Department

Address: street (or other type of location)

City (including postal code)

Country

Phone (Country code/ Number)

Fax (Country code/ Number)

E-mail (legibly)

### REGISTRATION FEES

*before June 30, 2004*

*after June 30, 2004*

Non-member registration fee

3.800 CZK

4.500 CZK

Member registration fee

3.200 CZK

3.800 CZK

Students' fee

1.600 CZK

2.000 CZK

Accompanying persons' fee

1.000 CZK

1.000 CZK

Number of accompanying persons: ..... Name(s): .....

**WORKING GROUP „HISTORY OF ASTRONOMY“** Mo, Sept. 20, 9:00 – 18:00

YES

NO

**WORKSHOP FOR TEACHERS** Sa, Sept. 25, 9:00 – 14:00

YES

NO

**FESTIVE DINNER** – Wednesday, Sept. 22, 2004

1200CZK

Number of tickets: .....

**ASTRONOMICAL PRAGUE EXCURSION** – Wednesday, Sept. 22, afternoon

100CZK

Number of tickets: .....

**ONDŘEJOV OBSERVATORY EXCURSION** – Friday, Sept. 24, afternoon

300CZK

Number of tickets: .....

### TOURS

**Tuesday**, Sept. 21, 2004 (morning)

**PRAGUE CASTLE**

600 CZK

Number of tickets: .....

**Wednesday**, Sept. 22, 2004 (afternoon)

**LESSER TOWN AND CHARLES BRIDGE**

600 CZK

Number of tickets: .....

**Thursday**, Sept. 23, 2004 (morning)

**OLD TOWN SQUARE + UNGELT**

900 CZK

Number of tickets: .....

### LUNCHES

**4 lunches (Tuesday –Friday)**

**Price: 800 CZK**

YES

Number of tickets: .....

### VISA

Participants who need a visa to enter the Czech Republic should contact the Czech Embassy or Consulate well in advance of the Conference dates.

I will need an **confirmation letter** for the visa application procedure

Yes

# ACCOMMODATION FORM

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**Dead-line for registration & payments: June 30, 2004** (resp. July 15, 2004)

Male

Female

Family Name

First Name

E-mail (legibly)

In order to reserve a room, you must pay one night's lodging when registering.

We are able to realize your reservation only when at least a one-night deposit will be paid by **June 30, 2004** (resp. **July 15, 2004**)

### YOUR RESERVATION

Date of arrival (CHECK IN): September ....., 2004

Date of departure (CHECK OUT): September ....., 2004

Hotel	Single-bed room (CZK)	Double-bed room (CZK)		
Masarykova kolej	1500	1880		
Denisa	2500	3200		
Krystal	1450	1900		
Zlatá Praha	2200	2650		
Hostel	Double-bed room *** (CZK)	Double-bed room ** (CZK)	Triple-bed room ** (CZK)	Four-bed room ** (CZK)
Paťanka	1150	800	1050	1400

Room rates include VAT and breakfast.

In case these hotels were already occupied with conference participants, a nearby hotel of similar quality will be substituted.

### Hotels - my order:

1<sup>st</sup> choice Hotel.....

2<sup>nd</sup> choice Hotel.....

A single-bed room

A double-bed room

I wish to share a double-bed room with another participant Yes

Name of this participant: .....

