

TSC 2003 • SOCIAL ACTIVITIES REPLY SHEET

July 6 – July 10, 2003 • Prague, Czech Republic

Social Activities Registration

If you have not already applied for social programme activities and would like to, or if you have already ordered and wish to add additional activities, please complete our Social Activities Reply Sheet.

TO BE FAXED TO: (+420) 267 310 503

OR MAILED TO: Action M Agency, Vrsovicke 68, 101 00 Praha 10, Czech Republic

LAST NAME:	FIRST NAME:
UNIVERSITY / COMPANY:	
NAME (S) OF ACCOMPANYING PERSON (S):	
DATE (TIME) OF ARRIVAL:	DATE OF DEPARTURE:

Social Programme Activities		DATE	TIME	FEE (CZK)	Myself	Accom Person	Extra Ticket	
Sightseeing Tour of Prague		July 6	16.30 - 19.30	450	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1 Tutorial Lunch (Sunday)		July 6	13.00 - 14.00	280	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4 Lunches (Monday to Thursday)		July 7 - 10	12.20 - 14.00	1 120	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Welcome Party *)		July 7	19.30 - 21.30	850	*)	*)	<input type="checkbox"/>	
Excursion to	1. Karlstejn	+ After Excursion Party at VZ Merin Resort	July 8	14.00 - 22.00	1 250	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2. Historical Mining Museum in Pribram					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3. Konepruske Caves					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4. Astronomical Institute Ondrejov Observatory					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TOTAL			CZK					

*) REGULAR AND ACCOMPANYING PERSON REGISTRATION FEE INCLUDES: ↓ Welcome Party ticket

PAYMENT BY CREDIT CARD

VISA* MASTERCARD/EUROCARD* AMEX JCB DINERS CLUB

NUMBER:

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*LAST 3 DIGITS on the signature strip (the reverse side):

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EXPIRE:

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NAME ON CC: _____

I, the undersigned, authorise the Action M Agency to charge to my credit card

Total amount of CZK

the

YOUR SIGNATURE: _____

PAYMENT BY BANK TRANSFER

NAME OF THE BANK: _____ DATE OF PAYMENT: _____ TOTAL AMOUNT: _____

CHECQUE ENCLOSED

YES

NO