



34th FEBS Congress

Life's Molecular Interactions

July 4 - 9, 2009
Prague
Czech Republic

Please use capital letters or staple a business card for all details.
For an easier and faster registration, you may also go to: www.febs2009.org

CZECH - IN s.r.o.
5. Kvetna 65, CZ - 140 21 Prague 4
Czech Republic
Phone: +420 261 174 301
Fax: +420 261 174 307
E-mail: registration@febs2009.org

A PARTICIPANT DETAILS:

Prof. Dr. Mr. Mrs. Ms.

LAST NAME / FAMILY NAME:

FIRST NAME:

INSTITUTION / COMPANY:

STREET / P.O. BOX:

POSTAL CODE:

CITY:

COUNTRY:

PHONE:

FAX:

EMAIL:

Please note that your name and address will be published in the Congress official List of participants or conference website unless you tick the below box.

B ACCOMPANYING PERSON:

Mr. Mrs. Ms.

LAST NAME / FAMILY NAME:

FIRST NAME:

Mr. Mrs. Ms.

LAST NAME / FAMILY NAME:

FIRST NAME:

C REGISTRATION FEES

	EARLY (until April 15, 2009)	LATE (between April 15, 2009 and June 4, 2009)	ONSITE (after June 4, 2009)
ACADEMIC MEMBER	<input type="checkbox"/> 440 €	<input type="checkbox"/> 520 €	<input type="checkbox"/> 570 €
INDUSTRIAL MEMBER	<input type="checkbox"/> 600 €	<input type="checkbox"/> 800 €	<input type="checkbox"/> 850 €
YOUNG MEMBER*	<input type="checkbox"/> 220 €	<input type="checkbox"/> 250 €	<input type="checkbox"/> 270 €
ACCOMPANYING PERSON	<input type="checkbox"/> 100 €	<input type="checkbox"/> 100 €	<input type="checkbox"/> 100 €
TOTAL:	<input type="text"/> €	<input type="text"/> €	<input type="text"/> €

Please note: All fees include 19% VAT.

If your payment is not received before the deadlines of April 15, 2009 or June 4, 2009 the late fee will be automatically charged.

For group booking and group registration please contact Congress Secretariat.

* Students up to 35 years old. The proof of age and student status will be required at the on-site registration.



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D SOCIAL PROGRAMME & OPTIONAL TOURS

SOCIAL PROGRAMME

Beer Party	Monday July 6, 2009 19:30	30 €
Gala Dinner at Zofin Palace	Tuesday July 7, 2009 19:30	65 €

TOURS

Grand tour of Prague	Sunday, July 5, 2009 12:00 - 16:00	<input type="checkbox"/> 39 EUR
Grand tour of Prague	Monday, July 6, 2009 13:00 - 17:00	<input type="checkbox"/> 39 EUR
Jewish Quarter	Tuesday, July 7, 2009 9:00 - 13:00	<input type="checkbox"/> 44 EUR
Jewish Quarter	Thursday, July 9, 2009 13:00 - 17:00	<input type="checkbox"/> 44 EUR
Boat Tour	Wednesday, July 8, 2009 19:00 - 22:00	<input type="checkbox"/> 45 EUR
Prague Famous Characters	Wednesday, July 8, 2009 9:00 - 13:00	<input type="checkbox"/> 42 EUR
Svejk's pub crawling	Sunday, July 5, 2009 19:00 - 22:00	<input type="checkbox"/> 69 EUR
Carlsbad/Karlovy Vary	Thursday, July 9, 2009 8:30 - 18:30	<input type="checkbox"/> 110 EUR

POST CONGRESS TOURS

Spa Triangel	Friday July 10 at 8:30 - Sunday July 12, 2009 at 18:00	495 €
South Moravia	Friday July 10 at 8:30 - Sunday July 12, 2009 at 18:00	503 €
South Bohemia Castles	Friday July 10 at 8:30 - Sunday July 12, 2009 at 18:00	515 €

TOTAL: €

TOTAL AMOUNT TO BE PAID (B+C+D) = €

E PAYMENT & CANCELLATION CONDITIONS

All cancellations must be notified in writing to the Congress Secretariat according to the following conditions:

Until April 15, 2009 - 100 € will be withheld for administrative fees.

Between April 16, 2009 - May 31, 2009 - 50% of the paid fee will be reimbursed.

After June 1, 2009 - no refund can be processed.

Registrants may transfer their registration to a colleague at any time. For any change of name a fee of 30 € will be charged.

by bank transfer:		by credit card:	
Beneficiary to:	CZECH -IN s.r.o.	<input type="checkbox"/> VISA <input type="checkbox"/> MASTER <input type="checkbox"/> EUROCARD	
Bank:	Komerční banka	Card holders' name:	<input type="text"/>
Bank account:	51 - 0903490207/0100	Credit card number:	<input type="text"/>
IBAN:	CZ590100000510903490207	Expiration date:	<input type="text"/>
SWIFT/BIC:	KOMBCZPPXXX	CVC code:	<input type="text"/>
Do not forget to include PRN into the payment		* Last 3 digits on the back of Visa/Mastercard, 4 on the front of AMEX	

Copy of the bank transfer must be sent along with the registration form.

I hereby accept all registration conditions of the Congress and agree for the payment corresponding to my request.

DATE:

SIGNATURE: