



# International Symposia on Plasticity of Metals and Alloys (ISPMA10)

Prague, Czech Republic  
30th August – 2nd September 2005

## Hotel Reservation Form

The completed Reservation Form  
should be returned  
before **1<sup>st</sup> July 2005** to:

 **Travel & Conference**

**ITC Travel & Conference s.r.o.**  
Attn: Ms **Jitka TURECKÁ**  
Konevova 41  
CZ -130 00 Praha 3  
Czech Republic

Phone : +420 222 581 215, 222 585 022

Faximile: +420 222 582 282

E-mail: [jitka@itctravel.cz](mailto:jitka@itctravel.cz)

The electronic version of this form is available at the website of the ISPMA10 Conference:  
[www.mff.cuni.cz/veda/konference/ispma10](http://www.mff.cuni.cz/veda/konference/ispma10)

Title(s):	Family name (Mr/Mrs):	First Name:	
Institution :			
Full address:	Country:	Post-Code	City:
E-mail:	Phone:	Fax:	

### *HOTEL ACCOMMODATION*

	<b>Arrival</b>	<b>Departure</b>	<b>Sharing double room with:</b>
<b>Dates:</b>	...../AUG/2005	...../SEPT/2005	Mr/Ms

I wish to book (mark your preference or more options in order of preference):

Hotel	Single Room	Single use	Double Room	Total Nights	Total for Accommodation
① Hotel Digitals***	EUR 64		EUR 75	..... nts.	EUR .....
② Hotel Extol Inn***	EUR 71		EUR 75	..... nts.	EUR .....
③ Hotel cat. budget***	EUR 54		EUR 64	..... nts.	EUR .....
④ Hotel Na Kampe 15****	EUR 119		EUR 129	..... nts.	EUR .....
⑤ Hotel Roma****	EUR 110		EUR 128	..... nts.	EUR .....
⑥ Hotel Sax***	EUR 107	EUR 121	EUR 138	..... nts.	EUR .....
⑦ Hotel Questenberk****	EUR 94	EUR 116	EUR 132	..... nts.	EUR .....
⑧ Student Hostel	EUR 27		EUR 44	..... nts.	EUR .....
<b>Total for Accommodation:</b>					<b>EUR .....</b>

Notes: Room rates as above are per room and night, incl. breakfast and taxes, excluding portage.

Due to a limited availability of guest rooms in each hotel requests will be handled on first-come-first-served basis.

You can mark two or more hotels in order of preference. See Payment & Cancellation Terms below.

## **PAYMENTS**

**1. Remittance/bank transfer**

to ITC Travel & Conference bank account:

Account No.: 482849663/0300

IBAN: CZ88 0300 0000 0004 8284 9663

Bank: CSOB, Václavské nám. 32,  
CZ - 115 20 Praha 1, Czech Republic

Reference: ISPMA10/25 09 529 and participant's name

Please transfer funds free of charges for the beneficiary and send a copy of your bank transfer order to ITC Travel & Conference as a proof that the payment has been effected.

**2. Bank Cheque** with reference ISPMA/25 09 529 and participant's name in favour of :

ITC Travel & Conference s.r.o.  
Konevova 41, Praha 3  
CZ-130 00 Czech Republic

**3. Credit Card**

American Express

VISA

Master/Eurocard

Diners Club

Card number:

Cardholder's name:

Expiry date:

Charge the amount of EUR

to my credit card.

**Terms of Payment:**

- All payments shall be made in full, in advance.
- Advance reservations are recommended to guarantee the availability. Closing date for reservations and payments is **1<sup>st</sup> July 2005**. After this date services will be subject to availability.
- Rates published in this Form are net, bank charges to be covered by sender.
- ITC Travel & Conference cannot guarantee provision of services which are not pre-paid unless otherwise agreed.

## **CANCELLATIONS AND CHANGES**

**Cancellations:**

Only written cancellations to ITC Travel & Conference will be considered. Cancellations of already confirmed accommodation are subject to the following cancellation conditions:

- Before 1<sup>st</sup> July 2005: 10 % of the payment received, bank charges will be charged to the participant
- 1-15<sup>th</sup> July 2005: 25 % of the payment received, bank charges will be charged to the participant
- 16-31<sup>st</sup> July 2005: 50 % of the payment received, bank charges will be charged to the participant
- 1-15<sup>th</sup> August 2005: 75 % of the payment received, bank charges will be charged to the participant
- After 15<sup>th</sup> August 2005: no refunds for cancellations or shortened stays after this date

**Changes:**

Changes in booked and confirmed services can only be made with ITC Travel & Conference, and in writing.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Sign the completed form and forward to the contact numbers listed above.

**Please keep a photocopy of this form for your records!!!**