



REGISTRATION FORM

7th Postgraduate Training Course of Nephrology and Institute for Postgraduate Medical
Education and the Czech Society of Nephrology
Prague, January 27th – 30th 2007

Name/Surname:

Address:

Phone Number: Fax Number:

E-mail:

Registration fee: 110 Euro (3 000 CZK)

Accommodation in Hotel ILF (mark, please):

January 2007

26/27	27/28	28/29	29/30
yes/no	yes/no	yes/no	yes/no

Room price: single bedroom (bath, WC, incl. breakfast)
price: 1200 CZK (Kč) Czech Crown/per night

double bedroom (bath, WC, incl. breakfast)
price : 1500 CZK (Kč) Czech Crown/per night

Choose payment:

- by bank transfer:** Organisation: IPVZ
IBAN: CZ5901000000000019535101
BIC (SWIFT): KOMBCZPP
For identification note your name on the payment order.
The copies of the payment order send by fax to the congress centre - hotel ILF.

- by credit card:** (must be valid at least until 3/2005)

Number: Expiration Date:

Please charge my credit card: Diners Visa MC/EC American Express

the sum of **Euro/CZK**

Signature:

Please **complete** this form and **send** it to the **Congress Centre Hotel ILF till January 12th 2007** (one week for mailing).

Hotel ILF, Congress Centre
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