

REGISTRATION AND ACCOMMODATION FORM (first page)

Congress Secretariat: Guarant International, spol. s.r.o./ČOS 2010, Opletalova 22, 110 00 Praha 1, Czech Republic,
 Phone: +420 284 001 444, Fax: +420-284 001 448, E-mail: COS2010@guarant.cz

Please note that only fully completed registration forms with all required details will be accepted – use one form for each participant. We would like to ask you to complete the form in BLOCK CAPITALS.

To register online please use the following link: www.orthodont-cz.cz.

PARTICIPANT

Surname	First name	Title
Company	Street	
Postcode	City	Country
Phone	Fax	E-mail

REGISTRATION

CATEGORY	EARLY REGISTRATION Payment before June 30, 2010	LATE REGISTRATION Payment on or after July 1, 2010	NUMBER
1. Members of COS, SOS, EOS, WFO	500 EUR	543 EUR	
2. Non members of COS, SOS, EOS, WFO	565 EUR	652 EUR	
3. Teachers*)	217 EUR	260 EUR	
4. Postgraduate students**)	173 EUR	217 EUR	
5. Accompanying persons	130 EUR	173 EUR	
6. Orthodontic assistants	130 EUR	173 EUR	
7. Dental technicians	130 EUR	173 EUR	
8. 1 st Author of the Lecture	-	-	
Honorary members of COS, SOS	-	-	

Registration fee for category 1, 2, 3, 4 includes:

- Entrance to scientific section on 30. 9. – 2. 10., exhibition and poster section
- Congress materials
- Coffee breaks, lunches
- Welcome party on 30. 9.
- Entrance to Opening ceremony
- Entrance to President's Party on 1. 10.

Registration fee for category 5 includes:

- Welcome party on 30. 9.
- Entrance to Opening ceremony
- Entrance to President's Party on 1. 10.
- Walking tour in Brno on 1. 10.

Registration fee for category 6, 7 includes:

- Entrance to lectures for orthodontic assistants and dental technicians, exhibition and poster section on 30. 9. and 1. 10.
- Congress materials
- Coffee breaks on 30. 9. and 1. 10.
- Lunch on 30. 9. a 1. 10.
- Welcome party on 30. 9.
- Party for orthodontic assistants and dental technicians on 30.9.

Registration for category 8 includes:

- Entrance to scientific section on 30. 9. – 2. 10., exhibition and poster section
- Congress materials
- Coffee breaks, lunches
- Welcome party on 30. 9.
- Entrance to Opening ceremony
- Entrance to President's Party on 1. 10.

*Members of the Czech or Slovak Orthodontic Society – orthodontic specialist, full-time in the Orthodontic University Department with at least 3 education posts for postgraduate orthodontic students (written affirmation).

**Members of the Czech or Slovak Orthodontic Society – dentists in postgraduate education for orthodontics, who are full-time in University Orthodontic Department (certified by the Head of Orthodontic Department).

President's Party (Category 1, 2, 3, 4, 5, 8)	Payment included in congress fee	Yes <input type="checkbox"/>
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TOTAL FOR REGISTRATION

EUR

REGISTRATION AND ACCOMMODATION FORM (second page)

ACCOMMODATION

HOTEL	SINGLE ROOM	NUMBER OF ROOMS	DOUBLE ROOM	NUMBER OF ROOMS
Holiday Inn	92 EUR		127 EUR	
BW Premier International	105 EUR		114 EUR	
Double for single use	109 EUR		-	
Junior Suite	174 EUR		-	
Comsa Brno Palace Hotel	117 EUR		130 EUR	
Grandhotel	80 EUR		100 EUR	
Double for single use	88 EUR		-	
Pegas	87 EUR		109 EUR	
Double for single use	100 EUR		-	
Royal Ricc	95 EUR		100 EUR	
De luxe	105 EUR		109 EUR	
Slavia	72 EUR		92 EUR	
Pod Špilberkem	54 EUR		60 EUR	
Standard plus	60 EUR		65 EUR	
Sharingham	74 EUR		92 EUR	

HOTEL CHOICE

1. choice	
2. choice	
Type of room	
Date of arrival	
Date of departure	
Other guest in the room	

TOTAL FOR ACCOMMODATION **EUR**

Please note that full payment of hotel accommodation is required to guarantee the reservation.

SUMMARY

Registration **EUR**

Accommodation **EUR**

TOTAL **EUR**

CANCELLATION CONDITIONS

CANCELLATION OF REGISTRATION

The Conference Secretariat must be notified in writing of a cancellation of the registration or accommodation. The appropriate refund will be made after the Conference. The following cancellation conditions apply:

Dates:	Cancellation fee:
Before 30 June 2010	Administration fee 20 EUR
Between 1 July to 14 August 2010	25% registration fee + administration fee 20 EUR
On or after 15 August 2010	No refund

CANCELLATION OF ACCOMMODATION

The following cancellation conditions apply to the cancellation or shortening of a hotel reservation:

Datum:	Storno poplatek:
Until August 19, 2010	Full refund (less 150 CZK handling fee)
20. 08. – 29. 08. 2010	30% of total amount
30. 08. – 04. 09. 2010	50% of total amount
05. 09. – 09. 09. 2010	80% of total amount
From September 10, 2010	100% of total amount
No show	100% of total amount

Please do not forget to keep one copy for a future reference.

You can send the form by fax: +420 284 001 448 or e-mail
COS2010@guarant.cz

.....
Date

.....
Signature

TERMS OF PAYMENT

Please mark the way of payment

Bank transfer

Bank: Československá obchodní banka, Na Příkopě 14, 110 00 Praha 1
Account name: Guarant International
EUR Account number: 478533893/0300
IBAN: CZ69 0300 0000 0004 7853 3893
SWIFT (BIC): CEKOCZPP
Details of payment: 201013/ participant(s) name

Credit Card*

*Please fill in the Credit Card Payment Authorisation and send it signed by a card holder by
fax: +420 284 001 448 or e-mail COS2010@guarant.cz.

Please note that all bank charges must be fully covered by the participant. To simplify the identification of your payment please enclose a copy of your bank transfer with the registration form.

September 30 – October 2, 2010

XIth Congress of the Czech Orthodontic Society

Reduta Theatre
Brno, Czech Republic

CREDIT CARD PAYMENT AUTHORISATION FORM

Participant's Name & Surname	
Participant's Address	
Participant's Contact	
Date	

I hereby authorize **GUARANT International spol. s.r.o. (Opletalova 22, 110 00 Prague 1, Czech Republic, Commercial Registration number: 4524 5401)** to charge my credit card for the following payment:

PAYMENT DESCRIPTION	XI. Congress of the Czech Orthodontic Society
TOTAL AMOUNT TO BE CHARGED	

According to the Czech law, credit cards will be charged in local currency – Czech crowns (CZK). The Congress Secretariat will use the exchange rate of the Czech National Bank on the date of payment.

CREDIT CARDS DETAILS

Type	<input type="checkbox"/> VISA	<input type="checkbox"/> MC/EC	<input type="checkbox"/> Diners	<input type="checkbox"/> American Express
Number				
Expiry date				
CVC code *				
Cardholder's Name				

*CVC code is printed on the reverse side of your credit card at signature panel (last three digits)

.....
Cardholder's signature

September 30 – October 2, 2010

XIth Congress of the Czech Orthodontic Society

Reduta Theatre
Brno, Czech Republic

ABSTRACT FORM

1st AUTHOR

Surname	First name	Title
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OTHERS AUTHORS

Surname	First name	Title
Surname	First name	Title
Surname	First name	Title

MAILING ADDRESS

Street			
Postcode	City	Country	
Phone	Fax	E-mail	

TYPE OF PRESENTATION

- Lecture – Main Scientific Programme (max. 15 min)
- Poster
- Section for orthodontic assistants (20 min)
- Section for dental technicians (20 min)

Deadline for abstract submission: May 31, 2010

The maximum number of characters is 2 000.

SCIENTIFIC CONGRESS SECRETARIAT:

MUDr. Bohdana Jelečková
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