

**Eighth International Chrysophyte Symposium**

***Prague, Czech Republic12. - 17. August 2012***

Registration Form

Name, Surname

Affiliation

Mailing Address

City, State, Zip Code

Country

Phone No.

Fax No.

Email

VAT (for EU participants only)

Conference Registration Fees (Please tick the boxes below to indicate the selected options)

**Registration Fee** (Standard registration; after 15. May 2012) **-** covers admission to the Symposium, conference materials, coffee breaks  
**•** Regular: 190,- EUR ☐  
**•** Student: 125,- EUR ☐

**Evening Dinners**

**•** Welcome Party (Monday 13 August): 25,- EUR ☐

**•** Farewell Party (Friday 17 August): 50,- EUR ☐

**Mid-Symposium Excursions**

**•** Adolf Pascher's legacy (Doksy region): 50,- EUR ☐

**•** Prague – historical city: 60,- EUR ☐

**Lodging -** Petrská dormitory (For other accommodation options see symposium web pages)

For booking double rooms, please specify whether you will be attending as a couple, sharing a room with a friend, or wish to have a roommate arranged for you by the Organizing Committee (pending availability):

Single room Double room

**•** Sunday 12 August 20,- EUR ☐ 15,- EUR ☐  
**•** Monday 13 August 20,- EUR ☐ 15,- EUR ☐

**•** Tuesday 14 August 20,- EUR ☐ 15,- EUR ☐

**•** Wednesday 15 August 20,- EUR ☐ 15,- EUR ☐

**•** Thursday 16 August 20,- EUR ☐ 15,- EUR ☐

**•** Friday 17 August 20,- EUR ☐ 15,- EUR ☐

**Please sum your total costs and enter here**: **EUR**

Payment method (Please tick the appropriate box below)

☐ **Bank Transfer -** Please send the money to our account with the following data.   
Bank Name: Komercni banka, a.s.

Bank Address: Vaclavske namesti 42, Prague 1,Czech Republic

Account no.: 34956-921457021

IBAN: CZ25 0100 0349 5609 2145 7021

SWIFT: KOMBCZPP

Account Name: Prirodovedecka fakulta UK

**Please indicate your name and the conference ID: 90911704!**

☐ **Credit Card Payment** (VISA and MASTERCARD only)

Please provide the following information:

Card Type: ☐ VISA ☐ MASTERCARD

Name on card:

Card Number: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

Expiration Date: \_ \_ / \_ \_

Security Code: \_ \_ \_

Registration Form Submission

Please submit your registration form using one of the following methods:

**Mail** to: Pavel Skaloud, Department of Botany, Charles University in Prague, Benatska 2, 128 01, Praha 2, Czech Republic

**FAX** to: +420-221-951-645, Attention to Pavel Skaloud

**E-mail** as attachment to [skaloud@natur.cuni.cz](mailto:skaloud@natur.cuni.cz)

Contact

If you have any questions, please contact us:

E-mail: [skaloud@natur.cuni.cz](mailto:skaloud@natur.cuni.cz), [ynemcova@natur.cuni.cz](mailto:ynemcova@natur.cuni.cz)

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