

## Form A PAYMENT BY CREDIT CARD

Please, fill in block letters and send the signed form by fax to No. +420 541 143 398

IMAPS CZ&SK – EDS 2014 BRNO  
PO Box 66, 563 01 Lanskrout, Czech Republic  
E-mail: [imaps@imaps.cz](mailto:imaps@imaps.cz)

Registration Number<sup>1</sup>

### PARTICIPANT:

☐ Mr. ☐ Ms. Family Name: ..... First Name: .....  
Title/Profession: ..... Institution: .....  
Address: ..... Postal Code: .....  
Town: ..... Country: .....

### ACCOMPANYING PERSONS

☐ Mr. ☐ Ms. Family Name: ..... First Name: .....  
☐ Mr. ☐ Ms. Family Name: ..... First Name: .....

REGISTRATION FEE <sup>2</sup>	Before May 23, 2014	After May 24, 2014	Total
<b>Regular – IMAPS or IEEE member<sup>3</sup></b>	<b>4 700 CZK</b>	<b>5 200 CZK</b>	<b>CZK</b>
Regular – non member	5 300 CZK	5 800 CZK	CZK
<b>Student<sup>4</sup> – IMAPS or IEEE member<sup>3</sup></b>	<b>3 500 CZK</b>	<b>3 800 CZK</b>	<b>CZK</b>
Student <sup>4</sup> – non member	3 900 CZK	4 200 CZK	CZK
<b>Table-Top Exhibition</b>	<b>6 900 CZK</b>	<b>6 900 CZK</b>	<b>CZK</b>
Accompanying persons No. .... x	1000 CZK	1 000 CZK	CZK

**TOTAL A** CZK

Please charge TOTAL A, to my credit card: ☐ VISA ☐ Eurocard/Mastercard

Card Number ..... Expiry Date: .....

Name of Cardholder ..... CVC/CVV .....  
(Last 3 numbers written on the backside strip)

Signature:

<sup>1</sup> Fill the registration number according to your registration on our website. If you are not registered, make your registration first on the address [www.imaps.cz/eds](http://www.imaps.cz/eds)

<sup>2</sup> The prices are obligatory given in Czech Crowns for payment by credit card.

<sup>3</sup> Sent the copy of your membership proof by fax or by e-mail to the conference organiser

<sup>4</sup> Students and PhD Students - Certificate from the University required. Send the Certificate together with payment confirmation by fax to No: +420 5 4114 3398.