

**EAMDA 47th Annual General Assembly**  
Prague, September 20 – 23, 2018 (Clarion Congress Hotel, Prague 190 00, Freyova 33)

# Registration Form

<p><i>Please complete this form and return it to:</i></p> <p><b>Asociace muskulárních dystrofií v ČR</b> Petýrkova 1953 148 00 Praha</p> <p>Tel. / Fax: +420 777 130 467 E-mail: <a href="mailto:info@amd-mds.cz">info@amd-mds.cz</a></p>	<p><i>Notes:</i></p> <ul style="list-style-type: none"> <li>This form can be emailed</li> <li>Correspondence with you will mainly be by email. Please ensure that your email address is clearly legible;</li> <li>Sections of this form must be completed in English.</li> </ul>	<p><i>Bank details to settle registration fee:</i></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Bank name:</td> <td>Komerční banka, a. s.</td> </tr> <tr> <td>Bank address:</td> <td>Roztylská 2321/19 14800 Praha 4</td> </tr> <tr> <td>Account No.:</td> <td>30333041/0100</td> </tr> <tr> <td>IBAN:</td> <td>CZ430100000000030333041</td> </tr> <tr> <td>SWIFT (BIC):</td> <td>KOMBCZPPXXX</td> </tr> </table>	Bank name:	Komerční banka, a. s.	Bank address:	Roztylská 2321/19 14800 Praha 4	Account No.:	30333041/0100	IBAN:	CZ430100000000030333041	SWIFT (BIC):	KOMBCZPPXXX
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**Deadline for submitting the form and paying the registration fee is July 15<sup>th</sup>, 2018.**

**A) Your contact details – this data will be used as a billing address**

<b>Title</b>	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/>			<b>Other</b> (please specify)	
<b>Name &amp; Family name</b>				<b>Position</b>	
<b>Organization</b>					
<b>Address</b>					
<b>Postcode</b>		<b>City/town</b>			
<b>COUNTRY</b>					
<b>Phone number</b>	Country code		Number		
<b>Mobile number</b>	Country code		Number		
<b>Email address</b> (please print very clearly and use CAPITAL letters)					
<b>Correspondence with you will mainly be by email. Please ensure that your email address is clearly legible.</b>					

**B) Access information**

<b>Do you use a wheelchair?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>If yes, select appropriate:</b>	Electric wheelchair <input type="checkbox"/>	Manual wheelchair <input type="checkbox"/>

**C) Transportation**

<b>Can you be transported in a standard vehicle?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Will you be accompanied by a personal assistant?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**D) Any other comments or requests related to your AGA attendance:**

E) Accommodation – applies for the whole room			
<b>Hotel name &amp; location</b>	Clarion Congress Hotel Prague, Prague 190 00, Freyova 33 <a href="http://www.clarioncongresshotelprague.com">http://www.clarioncongresshotelprague.com</a>		
<b>I acquire wheelchair accessible room*</b>	Yes <input type="checkbox"/>		No <input type="checkbox"/>
<b>Room type selection</b>	Single room (1/1) <input type="checkbox"/>	Double room (1/2) <input type="checkbox"/>	Double room + extra bed <input type="checkbox"/>
<b>Service selection</b>	Full board basis <input type="checkbox"/>	Half board basis <input type="checkbox"/>	Bed & breakfast only <input type="checkbox"/>
<b>Check-in date</b>			
<b>Check-out date</b>			
* These rooms are limited and we will do our best to meet your requirements.			
The registration fee consists of accommodation cost which is sustained by the participants. You are asked to settle the registration fee <u>until July 15<sup>th</sup>, 2018</u> using money wire to AMD in Czech Republic bank account, so we will be able to make a hotel reservation for you.			

F) I will share my room with	
<b>Name &amp; Family name of roommate 1</b>	
<b>Name &amp; Family name of roommate 2</b>	

G) Special dietary requirements			
<b>My dietary requirement</b>	Ordinary food <input type="checkbox"/>	Vegetarian food <input type="checkbox"/>	Other <input type="checkbox"/> (specify) _____
<b>Dietary requirement of my roommate 1</b>	Ordinary food <input type="checkbox"/>	Vegetarian food <input type="checkbox"/>	Other <input type="checkbox"/> (specify) _____
<b>Dietary requirement of my roommate 2</b>	Ordinary food <input type="checkbox"/>	Vegetarian food <input type="checkbox"/>	Other <input type="checkbox"/> (specify) _____
<b>I have different meal requirements (only if you didn't select Full board basis in section E - Service selection)</b>	<b>Breakfast</b>	<b>Lunch</b>	<b>Dinner</b>
			Thursday, Sep 20 <input type="checkbox"/>
	Friday, Sep 21 <input type="checkbox"/>	Friday, Sep 21 <input type="checkbox"/>	Friday, Sep 21 <input type="checkbox"/>
	Saturday, Sep 22 <input type="checkbox"/>	Saturday, Sep 22 <input type="checkbox"/>	Saturday, Sep 22 <input type="checkbox"/>
	Sunday, Sep 23 <input type="checkbox"/>		

**Registration fee details (per person for three nights with full board):**

	Single room (1/1)	Double room (1/2)	Double room + extra bed
<b>Bed &amp; Full board</b>	412,70 EUR	251,70 EUR	229,00 EUR

**Registration fee details (per person per one night):**

	Single room (1/1)	Double room (1/2)	Double room + extra bed
<b>Bed &amp; breakfast only</b>	107,30 EUR	53,70 EUR	46,00 EUR
<b>Half board basis</b>	22,70 EUR	22,70 EUR	22,70 EUR
<b>Full board basis</b>	45,40 EUR	45,40 EUR	45,40 EUR

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