

PAYMENT GUIDE FSAM 2010

Payment in 3 steps:

- 1) Download and print this file.
- 2) Please, **make the payment** according to the following information or provide them to your accountant.
- 3) **Fill this form** and **fax** it to: **++420 385 310 248** or **mail** to Katka Soukalova, Na Sadkach 7, Ceske Budejovice 370 05, Czech Republic, so we can identify your payment.
In all instances you are **required** to fill and submit the **on-line registration** form.

Name of participant:

Organization:

Tick the appropriate:

- | | | | |
|---|--------------|--|--------------|
| <input type="checkbox"/> Early fee: | € 390 | <input type="checkbox"/> Student early fee*: | € 250 |
| <input type="checkbox"/> Standard fee: | € 440 | <input type="checkbox"/> Student standard fee*: | € 300 |
| <input type="checkbox"/> At conference: | € 500 | <input type="checkbox"/> Student at conference*: | € 350 |

* If you claim the **student fee**, fax also the confirmation letter from your University/Institution.

Payment is available by:

1) CREDIT CARD

Please send a fax or letter, with your credit card number, expiration date and authorization to charge the relevant amount. For credit card payments you can use the following statement, duly signed. Please note that it is very important to indicate the last 3 digits of the code found on the rear side of your credit card.

Card type: Visa Eurocard/Mastercard JCB Diners Club American Express

Card Number _ _ _ _ _ 3 digit code _ _ _ Expiration:.....

Name on card:

Address:

Signature:

2) BANK TRANSFER: *The payment must be received in fully by the recipient. Please, be aware that missing amounts due to bank charges will be charged directly at the conference registration. Thank you.*

Beneficiary customer: **Biologicke centrum AV CR, v.v.i.**

Name of account/bank: **Ceska narodni banka**

Address of bank: **Lanova 1, Ceske Budejovice, 371 35 Czech Republic**

Account Number: **5527231/0710 CZK**

IBAN: **CZ 22 0710 0000 0000 0552 7231**

SWIFT (BIC): **CNBACZPP**

Payment Identification Number: **7140**

Type of bank fees indicate as: **OUR**

Your Account No.:

I hereby confirm that the above indicated payment has been processed:

Name of responsible person:

Position:

Signature: Date:

Confirmation of your payment will be sent via fax or e-mail.

Refund / Cancellation Policy: Full refund made less of € 70.00 administration fee will be provided if written notification of cancellation is received before 27 July 2010. After 27 July 2010 no refunds will be made. Substitutes are welcome.