



INTERNATIONAL CONFERENCE REGISTRATION
OSH Education and Training in the changing world of work

28.2.2008 – 29.2.2008
PRAGUE, Czech Republic

Please complete one form for each participant and return to:

Komora BOZP a PO ČR
Secretariat
K Dolům 1973/38
143 00 Praha 4
e-mail: conference08@civop.cz
Tel.: +420 222 119 999
Fax: +420 222 780 551

Mr. Name: _____ **First name:** _____ **Titul:** _____
Ms.

Function in Company / Institution:

Address (Company /Institution /Private):

Street: _____ **Postal Code:** _____ **City:** _____ **Country:** _____

Tel.: _____ **Fax:** _____ **E-mail:** _____

Conference Fees - for participants from all countries:
(Speakers don't pay the fee)

Until 15.2.2008: **110 €**
After that date and onsite: **130 €**

Payment Method

Bank transfer Eurocard/MasterCard VISA
Card Number: _____ Card Expiry Date: _____
Card Holder's Name: _____

Bank transfer to the account:

With the indication: „282908“ and the name of participant.
Account: **5123901** at the Komerční banka, Praha 1; Bank code: **0100** (for bank transfers within Czech Republic)
IBAN: CZ8901000000000051239011; SWIFT (BIC) KOMBCZPPXXX (for bank transfers from abroad)

Participant's Signature: _____

Place and Date: _____