



REGISTRATION AND ACCOMMODATION FORM (first page)

Congress Secretariat: **GUARANT International, spol. s.r.o./ČOS 2010, Opletalova 22, 110 00 Praha 1, Czech Republic**
 Phone: +420 284 001 444, Fax: +420-284 001 448, E-mail: COS2011@guarant.cz

Please note that only fully completed registration forms with all required details will be accepted – use one form for each participant. We would like to ask you to complete the form in BLOCK CAPITALS.

To register online please use the following link: www.kongrescos.cz.

PARTICIPANT •••••

Surname	First name	Title
Surname	Street	
Postcode	City	Country
Phone	Fax	E-mail

REGISTRATION •••••

CATEGORY	Early registration Payment before June 30, 2011	Late registration Payment on or after July 1, 2011	Number
1. Members of COS, SOS, EOS, WFO	500 EUR	544 EUR	
2. Non members of COS, SOS, EOS, WFO	566 EUR	652 EUR	
3. Teachers*)	218 EUR	261 EUR	
4. Postgraduate students**)	174 EUR	218 EUR	
5. Accompanying persons	131 EUR	174 EUR	
6. Orthodontic assistants	131 EUR	174 EUR	
7. Dental technicians	109 EUR	153 EUR	
8. 1 st Author of the Lecture	-	-	
Honorary members of COS, SOS	-	-	

*Members of the Czech or Slovak Orthodontic Society – orthodontic specialist, full-time in the Orthodontic University Department with at least 3 education posts for postgraduate orthodontic students (written affirmation)

**Members of the Czech or Slovak Orthodontic Society – dentists in postgraduate education for orthodontics, who are full-time in University Orthodontic Department (certified by the Head of Orthodontic Department)

President's party (Category 1, 2, 3, 4, 5, 8)	Payment included in congress fee	Yes <input type="checkbox"/>
--	-------------------------------------	------------------------------

Registration fee for category 1, 2, 3, 4 includes:

- Entrance to scientific section on 22. 9. – 24. 9., entrance to the exhibition and poster section
- Congress materials
- Coffee breaks, lunches
- Welcome party on 22. 9.
- Entrance to Opening ceremony
- Entrance to President's reception on 23. 9.

Registration fee for category 5 includes:

- Welcome party on 22. 9.
- Entrance to Opening ceremony
- Entrance to President's reception on 23. 9.
- Walking tour in Prague on 23. 9.

Registration fee for category 6 includes:

- Entrance to lectures for orthodontic assistants, entrance to the exhibition and poster section on 22. 9. and 23. 9.
- Congress materials
- Coffee breaks on 22. 9. and 23. 9.
- Lunch on 22. 9. a 23. 9.
- Welcome party on 22. 9.
- Party for orthodontic assistants and dental technicians on 22. 9.

Registration fee for category 7 includes:

- Entrance to lectures for orthodontic assistants and dental technicians, entrance to the exhibition and poster section on 23. 9.
- Congress materials
- Coffee breaks on 23. 9.
- Lunch on 23. 9.
- Welcome party on 22. 9.
- Party on 22. 9.

Registration for category 8 includes:

- Entrance to scientific section on 22. 9. – 24. 9., entrance to the exhibition and poster section
- Congress materials
- Coffee breaks, lunches
- Welcome party on 22. 9.
- Entrance to Opening ceremony
- Entrance to President's reception on 23. 9.

TOTAL FOR REGISTRATION

EUR





REGISTRATION AND ACCOMMODATION FORM (second page)

ACCOMMODATION •••••

List of hotels

All rates quoted are per room per night including breakfast and 10% VAT.

HOTEL	Single room	Number of rooms	Double room	Number of rooms
Corinthia Hotel Prague¹ Early Reservation till 22. 7. 2011	92 EUR		92 EUR	
Corinthia Hotel Prague Reservation from 23. 7. 2011	103 EUR		103 EUR	
Holiday Inn² Early Reservation till 22. 7. 2011	87 EUR		87 EUR	
Holiday Inn Reservation from 23. 7. 2011	100 EUR		100 EUR	
Vyšehrad	87 EUR		87 EUR	
Beránek	73 EUR		83 EUR	
Inos	71 EUR		80 EUR	
Luník	71 EUR		82 EUR	

¹Change of the date of departure at Corinthia Hotel Prague is possible until 12 noon prior to the scheduled arrival date. In case the request of a change is received by the Congress Secretariat after 12 noon, hotel will charge you one night cancellation fee for shortened stay.

²Change of the date of departure at Corinthia Hotel Prague is possible until 12 noon prior to the scheduled arrival date. In case the request of a change is received by the Congress Secretariat after 12 noon, hotel will charge you cancellation fee for shortened stay according to their valid cancellation policy (100% of price for each cancelled night).

HOTEL CHOICE •••••

1. choice	
2. choice	
Type of room	
Date of arrival	
Date of departure	
Other guest in the room	

Please note that first night deposit is required to guarantee the reservation.

TOTAL FOR ACCOMMODATION

	EUR
--	------------

SUMMARY •••••

REGISTRATION	EUR
ACCOMMODATION	EUR
TOTAL	EUR

CANCELLATION CONDITIONS •••••

CANCELLATION OF REGISTRATION

The Conference Secretariat must be notified in writing of a cancellation of the registration or accommodation. The appropriate refund will be made after the congress. The following cancellation conditions apply:

Dates	Cancellation fee
Before June 30 2011	Administration fee 20 EUR
Between 1 July to 14 August 2011	25 % registration fee + administration fee 20 EUR
On or after 15 August 2011	No refund

CANCELLATION OF ACCOMMODATION

The following cancellation conditions apply to the cancellation of a hotel reservation:

Dates	Cancellation fee
Before and on August 24, 2011	Full refund (less 7 EUR handling fee)
After August 24, 2011	One night cancellation fee
No show:	One night cancellation fee

Change of the date of arrival is possible until 12 noon prior to the scheduled arrival date. In case the request of a change is received by the Congress Secretariat after 12 noon, one night cancellation fee will be charged.

In case of a no show, the room will be kept for the guest until 12 noon of the day following the date of expected arrival; the room will then be released.

Date

Signature

Please do not forget to keep one copy for a future reference. You can send the form by fax: +420 284 001 448 or e-mail COS2011@guarant.cz

TERMS OF PAYMENT •••••

Please mark the way of payment

Bank transfer

Bank: Československá obchodní banka, Na příkopě 14, 110 00 Praha 1
 Account name: Guarant International, spol. s.r.o.
 EUR Account number: 478 533 893
 IBAN: CZ69 0300 0000 0004 7853 3893
 SWIFT (BIC): CEKOCZPP
 Details of payment: 201113/ participant(s) name

Credit Card*

*Please fill in the **Credit Card Payment Authorisation** and send it signed by a card holder by fax: +420 284 001 448 or e-mail COS2011@guarant.cz

Please note that all bank charges must be fully covered by the participant. To simplify the identification of your payment please enclose a copy of your bank transfer with the registration form.



CREDIT CARD PAYMENT AUTHORISATION FORM

Participant's Name & Surname	
Participant's Address	
Participant's Contact	
Date	

I hereby authorize GUARANT International spol. s.r.o. (Opletalova 22, 110 00 Prague 1, Czech Republic, Commercial Registration number: 4524 5401) to charge my credit card for the following payment:

Payment Description	XII. kongres České ortodontické společnosti
TOTAL AMOUNT TO BE CHARGED	

According to the Czech, credit cards will be charged in local currency – Czech crowns (CZK). The Congress Secretariat will use the exchange rate of the Czech National Bank on the date of payment.

CREDIT CARDS DETAILS •••••

Type VISA MC/EC Diners American Express

Number	
Expiry date	
CVC code *	
Cardholder's Name	
Billing address**	

*CVC code is printed on the reverse side of your credit card at signature panel (last three digits)

**Please, do not forget to fill in the billing address (American Express only).

Cardholder's signature

Please send the completed and signed Authorization Form to:
 GUARANT International spol. s.r.o.,
 fax number:+420 284 448,
 or e-mail:cos2011@guarant.cz





ABSTRACT FORM

1ST AUTHOR •••••

Surname	First name	Title
---------	------------	-------

OTHERS AUTHORS •••••

Surname	First name	Title
Surname	First name	Title
Surname	First name	Title

MAILING ADDRESS •••••

Street			
Postcode	City	Country	
Phone	Fax	E-mail	

TYPE OF PRESENTATION •••••

- | | |
|--|--|
| <input type="checkbox"/> Lecture – Main Scientific Programme (max. 15 min) | <input type="checkbox"/> Section for orthodontic assistants (20 min) |
| <input type="checkbox"/> Poster | <input type="checkbox"/> Section for dental technicians (20 min) |

Deadline for abstract submission: 31. 5. 2011 • The maximum number of characters is 2 000

SCIENTIFIC CONGRESS COMMITTEE

- MUDr. Josef Kučera
- Stomatologická klinika 1. LF UK a VFN Praha
- Kateřinská 32, 128 08 Praha 2
- E.mail: joekuc@seznam.cz