

2nd Prague Day of Robotic Surgery

28 April 2009

Nemocnice Na Homolce, Roentgenova 2, 150 30 Praha 5

Binding Registration Form:

Surname*: Name*

Title:.....

Birth no. * (replace first two numbers with 99):.....

Contact address:.....

Town: postal code :.....

Workplace:.....

E-mail* telephone.....

*/ obligatory items necessary for registration

Registration fee:

Physicians	1,000 CZK	- (SRCH members)	750 CZK
Paramedical staff	500 CZK	- (SRCH members)	300 CZK

Payment was remitted on..... to the account of the congress
organizer:

Account number: 221 428 908 / 0300

SWIFT: CEKOCZPP

IBAN: CZ 79 0300000000221428908

As the variable symbol, give your birth number (replace the first two numbers with 99) and show your name in the "message to payee" box. Bank transfer payment is preferred. If paid by postal order, attach postal counterfoil to the registration form.

When payment is made cash at the venue on the conference day, discount for
SRCH® membership may not be applied

Address to which registration is to be sent: **Sekretariát Společnosti robotické chirurgie
Nemocnice Na Homolce, Roentgenova 2, 150 30 Praha 5**

E-mail: beata.petrova@homolka.cz

Date:.....

Signature:.....

Please return by fax stamped/duly signed to: +420 2 5721 0689