## **Application form:**

First name, surname :

Contact address:

Mobile phone: E-mail:

### Participation: please mark (**x**) your choice

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | BEFORE June 08 | | ON SITE | |
|  | 16. - 19.6. | 4000 CZK | 160 EUR | 4200 CZK | 170 EUR |
|  | 16. 6. | 1200 CZK | 50 EUR | 1300 CZK | 55 EUR |
|  | 17. 6. | 1200 CZK | 50 EUR | 1300 CZK | 55 EUR |
|  | 18. 6. | 1200 CZK | 50 EUR | 1300 CZK | 55 EUR |
|  | 19. 6. | 1200 CZK | 50 EUR | 1300 CZK | 55 EUR |

Please address the fee (in CZK) on account Nr. 15641329/0800

Bank: Česká spořitelna

Name of the account: Nadační fond pro ORL

Variable symbol: 16190614

Message for recipient: your surname and first name

**For payments in EUR:**Bank: Československá obchodní banka   
Name of the account: Nadační fond pro otorhinolaryngologii   
BIC (swift code): CEKOCZPP   
IBAN: CZ72 0300 0000 0001 5031 3096

Message for recipient: your surname and first name

**Transfer expenses on payer’s charge**

Please send the completed Application form page together with the payment receipt to:

**renata.kodetova@fnmotol.cz**

tel. + 420 224434311