



Registration Form

19th Working Group on Prolamin Analysis and Toxicity
30th September – 3rd October 2004 at Masaryk College, Prague, the Czech Republic

Yes, I will attend the 19th meeting

First Name: _____ Last Name: _____

Address: _____

Town: _____ Post Code: _____

Country: _____ E-mail: _____

Phone: _____ Fax: _____

Details of arrival

by plane by car by train by bus

approx. time of arrival: _____

approx. time of departure: _____

Special diets

Please indicate special dietary requirements:
Gluten-free/Wheat-free/Dairy/Vegetarian/Vegan

Payment

Total amount 350 Euro. (Booking will not be registered without payment and is non refundable).
Payment includes accommodation for Thursday and Friday night and meals from Thursday evening through Saturday lunch.

This does not apply to PWG members and invited speakers.

Bank transfer to:

Beneficiary: Výzkumný ústav potravinářský Praha

Bank:

Komerční banka, a.s.
Address: Street: K Botiči 5, Town: Praha 10, Post Code: 101 01
Acc.No.: CZ7401000000000019332101
Swift Address: KOMBCZPPXXX
Ref.: PWG 33 402

Please return this form before 1st of September 2004 to:

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