



APPLICATION FORM

Applications should be sent by 25 March 2017 to: (we prefer by email)

Český rybářský svaz, Nad Olšinami 31, 100 00 Praha, Czech Republic

Fax: +420 274 811 754

E-mail: zemankova@rybsvaz.cz

Delegate:

Surname: _____ Name: _____

Nation (National Federation): _____

Street address: _____

City, Country: _____ Postal code: _____

Telephone: _____ Email: _____

Accompanying person:

Surname: _____ Name: _____

Nation (National Federation): _____

Street address: _____

City, Country: _____ Postal code: _____

Telephone: _____ Email: _____

Accommodation:

Single room Double room

Arrival date: _____ Departure date: _____

Flight details:

Arrival time, date _____ Flight no. _____ Airline: _____

Departure time, date _____ Flight no. _____ Airline: _____

Please, mark if you wish to pick up from airport

Please, mark if you wish to take to airport

Please, mark which language you prefer for communication at the CIPS Congress:

English French

Please, mark, if you go by car: yes no

Date: _____

Signature: _____