# Letter of Acceptance for International Conference WSCG 2018 VISA application

( Do not fill in a WEB browser, please )

Surname:
(Family name) _____     Given Name: _____

Department: _____

Institution: _____

Street/District: _____

ZIP code:
Directional _____     @mail: _____

City: _____     Country: _____

## Data for VISA application

Nationality: _____     Gender: _____     Date of Birth [yyyy-mm-dd]: _____

Passport number: _____

Issued at: _____     Issued by Authority: _____

Valid by: _____     Date of Issue: _____

Expected entry date to Czech Rep. [yyyy-mm-dd]: _____     Expected exit date [yyyy-mm-dd]: _____

We would like to invite you to attend the WSCG 2018 held in Plzen, Czech Republic, May 28 - June 1, 2018.

**You are expected to make an ORAL presentation of your paper entitled** (if applicable):

Code of the paper [_____]

Authors of the paper
[                                                                                              ]

Title of your paper
[                                                                                              ]

We hope your visit will contribute significantly to the conference program and you will benefit from research discussions. Details on the WSCG conferences can be found at **http://www.wscg.eu**, detailed information at **http://www.wscg.cz**

Intended accommodation in Plzen: _____

We recommend to book your accommodation at the Primavera Hotel & Congress Center - info WSCG WEB pages Please, indicate WSCG as we prebooked the hotel for conference attendees.

Living and travelling expences, including travelling and health insurances, are to be covered fully by the person applying for VISA to the Czech Republic.

Yours     Plzen, 2018-01-02

Prof. Ing.Václav Skala, CSc.
(conference organiser) http://www.VaclavSkala.eu
c/o University of West Bohemia
Dept.of Computer Science and Engineering, http://Graphics.zcu.cz
Faculty of Applied Sciences
Univerzitni 8, CZ 30614 Plzeň
Czech Republic

**EXACT POSTAL ADDRESS with your name
for AIR-MAIL DELIVERY
Include also your name !!**
It will appear **EXACTLY** at the letter envelope
(use ENTER to separate lines)

**Title, First Name and Last Name
Institution
Department
Street
City district
ZIP (directional Code) City
Country**

Note that ordinary air-mail postage is used. It might take some time for delivery.

Be careful in the postal address specifying .

No DHL services provided.

**If you need VISA to enter the European Union - Shengen zone**

 - ask your institution for a Letter of Support for visa application
 - apply for a **tourist visa** - we cannot issue formal letter of invitation for several reasons.
 - Czech VISA applications forms available at
   http://www.mzv.cz/jnp/en/information_for_aliens/visa_form/index.html
 - Please, note that the passport expiry MUST be more than 6 months

**Please, follow the instructions**

1. Store this file, user Acrobat Reader to fill it
   (do not fill it in a WEB browser ! )

2. Fill in this form carefully and properly

3. Print the FIRST page for your files and check the data

4. Press  SUBMIT button - info will be sent as an XML file to us.
   We have to know that you are applying for a VISA if asked.
    (It might take a minute to invoke your @mail system)

You are sending XML containing filled data
Do not change the contents, please.

Check  your "sent mailbox" if data were sent -  you might not have properly set mailng system.