



Registration & Accommodation Form

Please fully complete this form and return it by e-mail or fax to the Conference Secretariat: Top Kinisis Travel Public Ltd,
 Tel.: +357 22713780, Fax. +357 22869744 Email: synedrio@topkinisis.com
 You may also complete and submit the form online at www.cycardio.com

Personal Information

Last name: _____ First name: _____
 Title / Specialty: _____ Phone Number: _____
 Fax: _____ E-mail : _____
 Address: _____ Postal Code: _____
 City: _____ Country: _____

1. Registration Fee (v)

	Prior 15th March	Post 16th of March
Participant	Early Registration Fee €50 <input type="checkbox"/>	Late Registration Fee €80 <input type="checkbox"/>
Nurse	Early Registration Fee €20 <input type="checkbox"/>	Late Registration Fee €25 <input type="checkbox"/>
Fellow / Student	Free Registration <input type="checkbox"/>	

Registration Fee includes: attendance to all sessions, access to the exhibition area, light lunch, coffee breaks, conference material and certificate of attendance.

2. Hotel Accommodation (v)

Hilton Park Hotel Hotel 5*	Single Room €120 per day <input type="checkbox"/>
	Double Room €150 per day <input type="checkbox"/>

Check-in Date:/...../..... **Check-out Date:**/...../..... **Number of nights:**

All rates are per room per night, including breakfast, service and taxes. "First Come, First Served" basis will apply. These special rates apply only for conference participants. If you wish to extend your stay the same rates will apply.

3. Travel Details & Airport Transfers

Arrival Date/...../.....	Arrival Time:.....	From (City & Airport)	To (City & Airport)	Flight No.:
Departure Date/...../.....	Departure Time:.....	From (City & Airport)	To (City & Airport)	Flight No.:

If you wish to pre-book a taxi for your transfer from Larnaca / Paphos Airport to the Hotel and from the hotel to Larnaca / Paphos Airport based on the pre-mentioned flights, please select from the following choices. If for any reason your flight details change please make sure that you notify us accordingly.

4-seated taxi (up to 4 persons) €65 per taxi from Airport to Hotel No. of persons:



€65 per taxi from Hotel to Airport

Summary of expenses

Registration Fee	€.....
Hotel Accommodation	€.....
Airport Transfers	€.....
Grand Total	€.....

FORMS OF PAYMENT

1. Credit Card

VISA MASTERCARD DINERS

I hereby authorise TOP KINISIS TRAVEL LTD to charge the equivalent of the GRAND TOTAL in Euro to the credit card below:

Credit Card No.:

Expiry Date:

Name of Cardholder:.....

Signature Date.....

2. Bank Transfer to:

Name of the Bank: BANK OF CYPRUS
Address: Bank of Cyprus, Corporate Service Center Nicosia
P.O.Box 21472, 1599 Lefkosia (Nicosia), CYPRUS
Account number: 0199-40-000249
Beneficiary Name / Account Name: Top Kinisis Travel Public Ltd
Swift: BCYPCY2N
IBAN: CY02 0020 0199 0000 0040 0002 4948

Please fax your bank transfer copy to the Conference Secretariat at: +357 22869744

IMPORTANT NOTE: The participants themselves must pay all banking charges. The organisers need to receive the net amount of the participant's grand total. Please ensure that the participant's name, address and Conference name are stated on all payment and transfer documents.

CANCELLATION POLICY:

Accommodation: Cancellations received on or after the 16th of March will be subject to one night's cancellation charge. No-show participants will be subject to 100% cancellation fee.

Registration: Cancellations before the 16th of March : 80% of fee will be refunded. Cancellations received after the 16th of March : fee non-refundable. Cancellations must be submitted in writing to the Conference Secretariat in order to receive any possible reimbursement.

Please send the completed form to the Conference Secretariat

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