

**1st EASTERN MEDITERRANEAN AND MIDDLE EAST
CHIROPRACTIC FEDERATION'S CONGRESS**

Hosted by

The Cyprus Chiropractic Association

Lemesos-Cyprus, 11-13 November 2011

REGISTRATION FORM (PLEASE USE CAPITAL LETTERS)

Participant

Family name: _____

First name: _____ Professional Title: _____

Capacity: _____

Company/Organisation: _____

Mailing Address: _____

City _____ Country: _____ Postal /Zip Code _____

Chiropractic Association Membership: _____

Chiropractic School of Graduation: _____ Year of graduation _____

Telephone: _____ Telefax: _____
(country code/area code/number)

SKYPE name (if any): _____

E-mail: _____

	Price	No of persons	Amount
Registration Fee*	€ 100	_____	€ _____
Accompanying Person's Lunch (no drinks?)	€ 22/Day	_____	€ _____
Dinner Saturday (price will be announced when venue & menu are finalized)		_____	€ _____

* Includes 2 Lunches, 4 Coffee breaks, AV equipment.

Signature _____ Date: _____

Contact : Phylactis Ierides, 20 Ioanni Tsirou, 3021 Lemesos, Cyprus, Tel. +357-25381324

Fax this form to: Fax: +357-25339219