

THIRD - WFC EASTERN MEDITERRANEAN REGIONAL MEETING

Hosted by

The CHIROPRACTIC SOCIETY OF EGYPT

Golden Tulip Flamenco Hotel, Cairo, Egypt, March 28-29, 2008

REGISTRATION FORM - PLEASE USE BLOCK 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)
E-mail: _____

Accompanying person(s)

Family name: _____ First name: _____
Family name: _____ First name: _____

Registration

Price in EURO per person No of persons Amount

Registration Fee*	€ 60	_____	€ _____
Accompanying Person's Lunch Friday	€ 13	_____	€ _____
Accompanying Person's Lunch Saturday	€ 16	_____	€ _____
Total Amount			€ _____

Special dietary requirement _____

Additional Comments _____

* Includes 2 Lunches, 4 Coffee breaks, AV equipment. The event is sponsored by the Palmer College of Chiropractic.

Payment

By bank transfer or cash on site. Exchange rate: €1, 00 = USD 1,50 Remit the amount in EURO as described below:

To: CHASE MANHATTAN BANK – NEW YORK, SWIFT: CHASU833 FW 021000021	For Account: CO-OPERATIVE CENTRAL BANK LTD NICOSIA – CYPRUS SWIFT: CCBKCY2N
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BENEFICIARY IBAN: CY82 0070 3310 0000 0000 4004 5640 NAME: THE CYPRUS CHIROPRACTIC ASSOCIATION

Date: _____ Signature: _____

Contact Address: Cyprus Chiropractic Association, 20 Ioanni Tsirou, 3021 Lemesos, Cyprus, Tel. +357-25381324
Fax this form to: Fax: +357-25339219