

SEMINAR ON "DEVELOPMENTAL DELAY SYNDROME"

By Robin Pauc

Hosted by

The Cyprus Chiropractic Association

St Raphael Hotel, Lemesos-Cyprus, October 1-3, 2010

HOTEL ACCOMMODATION RESERVATION FORM

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 | No of persons | Amount |
|------------------------------------|----------------|---------------|---------|
| Chiropractor's Registration Fee* | € 220 | _____ | € _____ |
| Accompanying Person's Buffet Lunch | € 26 per lunch | _____ | € _____ |
| Total Amount | | | € _____ |

Special dietary requirement _____

Additional Comments _____

* The registration fee covers only expenses toward the seminar.

Payment

Beneficiary's Bank Name : Bank of Cyprus Ltd, Branch Kapsalos, 117 Ag. Fylaxeos, 3087 Lemesos, Cyprus

Account Name: The Cyprus Chiropractic Association

IBAN: CY70 0020 0332 0000 0005 0314 8600

SWIFT ADDRESS (BIC Code): BCYPCY2N

Signature: _____ Date: _____

Contact Address: Cyprus Chiropractic Association, 20 Ioanni Tsirou, 3021 Lemesos, Cyprus, Tel. +357-25381324
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