

22nd Pancyprian Orthopaedic Conference
Organized by Cyprus Association of Orthopaedic Surgery and Traumatology
26th-28th October 2012, Hilton Cyprus Hotel

REGISTRATION FORM

Please complete and send back at

MSE Congress Plus Ltd

P.O.Box 24612, 1301 Nicosia. Tel. +357 22 466400, Fax. +357 22 767680

Email: mse@mse.com.cy Website: www.mse.com.cy

PARTICIPANT

(CAPITAL LETTERS)

Surname

Name

Address

Postal Code..... Town

Tel. office Fax

Tel.home..... Email.....

Accomp. Persons: 1.....

2.....

1. REGISTRATION FEES

- | | | |
|--------------------------|-----------------------------------|-------|
| <input type="checkbox"/> | CAOST Members | 100 € |
| <input type="checkbox"/> | Trainees | 50 € |
| <input type="checkbox"/> | Physiotherapists | 50 € |
| <input type="checkbox"/> | Nursing staff | 50 € |
| <input type="checkbox"/> | Accomp. persons | Free |
| <input type="checkbox"/> | Spec. Doctors (non CAOST members) | 150 € |

2. GALA DINNER

- | | | |
|--------------------------|-------------|------|
| <input type="checkbox"/> | Gala Dinner | 50 € |
|--------------------------|-------------|------|

3. TRANSFERS

- From airport to hotel.

From Larnaca airport € 50.00

- From hotel to airport

To Larnaca airport € 50.00

Arrival date:..... **Flight Time:**..... **Flight No.:**.....

Departure date:..... **Flight Time:**..... **Flight No.:**.....

4. ACCOMMODATION

Please note that the Organizing Committee of the Conference has achieved special rates at the venue hotel:

<u>Cyprus Hilton Hotel</u>	SINGLE per room per night	DOUBLE per room per night
Guest room	€ 145.00	€ 175.00
Executive room	€ 195.00	€ 225.00

The price is per night per room and includes breakfast and all taxes.

Σύνολο

1.Registration fee €

2.Gala Dinner
No of pax X €

3. Transfers €

Total €

To book your accommodation please contact the hotel directly. In your communication with the hotel **PLEASE INDICATE you are attending the 22nd Pancyprian Orthopaedic Conference**

Hilton Cyprus Hotel
Tel. 00357 22 377777

Method of Payment

In order for your registration details to be VALID please print this page, complete the PAYMENT FORM below and for security reasons send it ONLY BY FAX TO MSE Congress Plus at fax No. 00357 22 767680.

By bank transfer to the order of MSE Congress Plus.

Account No: 0147 -11- 004905
IBAN: CY61 0020 0147 0000 0011 0049 0500
SWIFT CODE: BCYPCY2N
BANK OF CYPRUS

Date of bank transfer: _____

Name of Bank: _____

(Please enclose a copy of bank transfer voucher.)

By credit card.

I the undersign hereby authorize MSE Congress Plus Ltd to charge the amount of Euro.....

to my VISA MasterCard

Card No.: _____

Cardholder's Name: _____

Expiration Date (month/year): _____

Cardholder signature: _____ Date: _____

For visa payments please complete the following:

AUTHORIZATION

I authorize MSE Congress Plus Ltd to charge my visa card (tick X to the appropriate box below) .

VISA Master Card AMEX card

CREDID CARD HOLDER :.....

VISA CARD NUMBER :.....

EXPIR. DATE :.....

AMOUNT CHARGED :.....

Cardholder Signature

Date

.....

.....

*** For visa payments, 4% administration charges will be charged on your account**

CANCELLATION POLICY:

Όλες οι ακυρώσεις πρέπει να παραληφθούν γραπτά από τη Γραμματεία του Συνεδρίου και διέπονται από τους πιο κάτω όρους:

1. Cancellation up to 01/09/12 50% penalty.
2. Cancellation after 02/10/12. 80% penalty.

Any registration fees, will be returned after the end of the conference.