



**6th Cyprus Dietetic Association Conference with
International Participation "Life Cycle Nutrition"**
23-26 September 2010, Hilton Cyprus Hotel,
Nicosia, Cyprus

REGISTRATION FORM

Registration is required for all Conference participants. Please fully complete this form (**in capital letters**) and return it together with your payment to the Conference Secretariat: Top Kinisis Travel Public Ltd, Tel.: +357 22713716, Fax. +357 22869735
Email: synedrio@topkinisis.com

A) I. Delegate's Personal Data

Title: Mr. Mrs Ms Dr Prof

CyDA Member: Yes No

Last name: First name:

Profession:

Address:

City: Country: Post Code:

Telephone: Fax:

E-mail:

II. Accompanying person Data

Title: Mr. Mrs Ms

First Name:

Last Name:

B) Registration please check the appropriate boxes

	Before 12/08/2010	After 13/08/2010
Standard Fee:	€200 <input type="checkbox"/>	€230 <input type="checkbox"/>
CyDA/AODA/EFAD Members Fee:	€170 <input type="checkbox"/>	€200 <input type="checkbox"/>
Student*:	€50 <input type="checkbox"/>	€80 <input type="checkbox"/>

* Student identification letter or student id is required

** The registration fees for participants includes: attendance to all sessions, access to the exhibition area, coffee breaks, conference bag, book of abstracts and certificate of attendance.

C) Accommodation

All rates are per room per night, including breakfast, service and taxes. "First Come, First Served" basis will apply. These special prices apply only for conference participants.

Hilton Cyprus Hotel 5*

Single room €122

Double room €140

Holiday Inn Hotel 4*

Single room €120

Double room €145

Classic Hotel 3*

Single room €80

Double room €102

Check-in date: Check - out date: No. of nights:

D) Social Events

For catering purposes, please tick (✓) the events you and your accompanying person (if applicable) will attend:

Event	Cost Per Person	No. of persons:
- Cyprus night 24/09/2010	€41	<input type="checkbox"/>
- Dinner 25/09/2010	€46	<input type="checkbox"/>

E) Letter of Invitation

Some delegates may require a letter of invitation in order to arrange the appropriate visa to enter Cyprus. The invitation letter will be sent only to those who already paid their registration fee.

Please send me a letter of invitation

Special Requirements:

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Flight Details (please fill in for organization purposes)

Arrival Date: Arrival time: Flight No: No. of person:
 Departure Date: Departure time: Flight No: No. of person:

F) Summary of participation expenses**Payment:**

Registration Fee	€.....
Hotel accommodation	€.....
Social Events	€.....

GRAND TOTAL: €.....

Forms of Payment:**1) Credit Card****VISA****MASTERCARD**

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:

If you are unwilling to provide your credit card information online please fill this form, print it and fax it to the Conference Secretariat at: +357 22869735

2) Bank Transfer to:

TOP KINISIS TRAVEL PUBLIC LTD
BANK OF CYPRUS
CORPORATE SERVICE CENTER NICOSIA
A/C no.: 0199-40-000249-48
IBAN CODE: CY02 0020 0199 0000 0040 0002 4948
SWIFT CODE: BCY PCY 2N

Date of transfer:

(Please send a copy the bank transfer to the Conference Secretariat fax no: +357 22869735)

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 (Registration & Hotel Accommodation)

Cancellation must be sent in writing to the Conference Secretariat, Top Kinisis Travel Public Ltd. Individuals cancelling before or on 3rd September 2010 will be refunded as follows:

Cancellations received by 3rd September 2010: 80%

Cancellations received after 3rd September 2010: No refund

Signature:

Date:

Please send the completed registration form to the Conference Secretariat:

TOP KINISIS TRAVEL PUBLIC LTD



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