

26th International Conference 'Cardiology Today'
 24-25 March 2018
 Hilton Park Hotel, Nicosia, Cyprus



Registration Form

Conference Information:

Last Name: _____ Name: _____

Title/ Specialty: _____

Address: _____

City: _____ Postal Code: _____ Country: _____

Tel: _____ Email: _____

1. Registration Fee (√)

Doctors	<input type="checkbox"/> €50
Nurses	<input type="checkbox"/> €30
Trainees /Students	<input type="checkbox"/> Free

Registration Fee includes: attendance to all sessions, access to the exhibition area, lunch, coffee breaks, conference material, conference certificate

2. Hotel Accommodation

Hilton Park Hotel 4*

Single Room €120 Double Room €140

Check in Date:/...../..... Check Out Date:/...../..... Number of Nights:

* All rates are per room per night, including breakfast, service and taxes. "First Come, First Served" basis will apply. These special rates apply only for conference participants. If you wish to extend your stay the same rates will apply.

3. Cocktail Reception 23/3/2018

Opening Ceremony 23/03/2018 Free* No of Persons:

* For organizational purposes

Summary of Expenses

Registration Fee: €.....

Hotel Accommodation: €.....

Grand Total: €.....

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Forms of Payment

1. Credit Card

VISA **MASTERCARD** **DINERS**

I hereby authorise TOP KINISIS TRAVEL LTD to charge the equivalent of the GRANDTOTAL in Euro to the credit card below:

Credit Card No.:

Expiry Date:

Cardholder Name:.....

Signature: Date:

2. Bank Transfer to:

Name of the Bank: BANK OF CYPRUS
Address: Bank of Cyprus, Corporate Service Center Nicosia
Account number: 0199-40-000249
Beneficiary Name / Account Name: Top Kinisis Travel Public Ltd
Swift: BCYPCY2N
IBAN: CY02 0020 0199 0000 0040 0002 4948

Please fax your bank transfer copy to the Conference Secretariat at: +357 22869744

IMPORTANT NOTE: The participants themselves must pay all banking charges. The organizers 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 & Accommodation:
Cancellations received by 22 February 2018: 80 % refund. / Cancellations received after 22 February 2018: No refund

Please send your Registration Form to the Conference Secretariat
Top Kinisis Travel Public Ltd
Tel.: +357 22713780, Fax. +357 22869744, E-mail: synedrio@topkinisis.com