



23rd International Meeting "Cardiology Today"

Four Seasons Hotel, Limassol, Cyprus

10-11 March 2012

REGISTRATION FORM

Please fully complete this form (**in capital letters**) and return it together with your payment to the Conference Secretariat: Top Kinisis Travel, Tel.: +357 22713733, Fax. +357 22869735
Email: niki.t@topkinisis.com

Personal Details:

Last name: First name:
Title/Specialty:
Address:
City: Country: Post Code:
Telephone: Fax
E-mail:

Accompanying person

Last name: First name:

| 1. Registration Fees: | Before 10/02/2012 | After 11/02/2012 |
|-----------------------|-------------------|------------------|
|-----------------------|-------------------|------------------|

| | | |
|------------------------|------------------------------|------------------------------|
| Participant*: | €50 <input type="checkbox"/> | €80 <input type="checkbox"/> |
| Accompanying person**: | €40 <input type="checkbox"/> | €50 <input type="checkbox"/> |

SUBTOTAL 1: Amount: €

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

** The registration fee for the accompanying persons includes: two lunches, Gala Dinner and coffee breaks.

2. Flight details

Arrival Date: Arrival time: Flight No
Departure Date: Departure time: Flight No

3. Airport transfers

If you wish to pre-book a taxi for your transfer from Larnaca airport to the hotel and from the hotel to Larnaca airport based on the pre-mentioned flights, please select from the following choices. If for any reason your flight details changes please make sure that you advise us accordingly.
The prices are per taxi per way.

4-seated taxi (up to 4 persons) €63 per taxi from Airport to Hotel
Number of persons: €63 per taxi from Hotel to Airport

SUBTOTAL 2: Amount: €

4. Hotel accommodation- *Room Rates

| Four Seasons Hotel 5* | Mediterranean Hotel 4* |
|--|---|
| Single room € 130 <input type="checkbox"/> | Single room € 60 <input type="checkbox"/> |
| Double room € 140 <input type="checkbox"/> | Double room € 80 <input type="checkbox"/> |
| Check-in date:Check- out date: No. of nights: | |
| * The above prices for the hotel accommodation are per room per day on Bed & Breakfast basis in a standard room . The Four Seasons Hotel is the Conference Venue . The Mediterranean Hotel is within walking distance from the Conference Venue. | |
| <u>SUBTOTAL 3:</u> | Amount: €..... |

5. Social program

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

10/03/2012

- Lunch (included in registration fee) Number of persons:

- Gala Dinner (included in registration fee) Number of persons:.....

11/03/2012

Lunch (included in registration fee) Number of persons:.....

10/03/2012

- Half-day tour in Limassol Number of persons: €25 per person

11/03/2012

- Full-day tour in Paphos/ Kourion Number of persons: €75 per person

The above prices are per person and include bus transfers, professional English-speaking guide, entrance fees to all archaeological sites. The cost for the Full- day Paphos tour includes lunch. In case the participation is less than 15 persons then the excursions will not materialize. The tours are **optional.*

SUBTOTAL 4: Amount: €.....

Summary of participation expenses

| | | |
|----------------------|-------------|---------------|
| Registration Fee | Subtotal 1: | €..... |
| Airport Transfers | Subtotal 2: | €..... |
| Hotel accommodation | Subtotal 3: | €..... |
| Social program | Subtotal 4: | €..... |
| TOTAL AMOUNT: | | €..... |

Forms of Payment:

1) 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:

Bank of the transfer:

(Please send a copy the bank transfer to the fax no. +357 22869735)

2) 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:

Signature

Date

Please send the completed registration form to the Conference Secretariat:

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