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
☐ CAOST Members 100 €
☐ Trainees 50 €
☐ Physiotherapists 50 €
☐ Nursing staff 50 €
☐ Accomp. persons Free
☐ Spec. Doctors (non CAOST members) 150 €

Σύνολο
1. Registration fee € ______________________
2. Gala Dinner No of pax …. X …. € ______________________
3. Transfers € ______________________
Total €______________________________

2. GALA DINNER
☐ 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:

Cyprus Hilton Hotel

<table>
<thead>
<tr>
<th>Room Type</th>
<th>SINGLE per room per night</th>
<th>DOUBLE per room per night</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guest room</td>
<td>€ 145.00</td>
<td>€ 175.00</td>
</tr>
<tr>
<td>Executive room</td>
<td>€ 195.00</td>
<td>€ 225.00</td>
</tr>
</tbody>
</table>

The price is per night per room and includes breakfast and all taxes.
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: BCYPY2CN
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 ☐ MasterCard ☐ 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
CANCELATION POLICY:

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