

International Conference
"From Adolescence to Adulthood - Normality and Psychopathology"
 Palm Beach Hotel Larnaca
 9-12 September 2010

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 22713760, Fax. +357 22869735
 Email: synedrio@topkinisis.com

Personal Details: (PLEASE FILL IN CAPITAL LETTERS)

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

Accompanying person

Last name: First name:

| 1. Registration Fees: | Early Registration Fee till the 15th of July | Late Registration Fee after 15th of July |
|---|--|--|
| Psychiatrists | €370 <input type="checkbox"/> | €420 <input type="checkbox"/> |
| GP's Paediatricians, Neurologists & Other Medical Specialists | €170 <input type="checkbox"/> | €220 <input type="checkbox"/> |
| Psychologists & Other Mental Health Professionals | €170 <input type="checkbox"/> | €220 <input type="checkbox"/> |
| Trainees/Students | €80 <input type="checkbox"/> | €80 <input type="checkbox"/> |
| Consumers & Family Care Givers | €80 <input type="checkbox"/> | €80 <input type="checkbox"/> |

SUBTOTAL 1: Total Amount: €

* The registration fees for participants includes: attendance to all sessions, access to the exhibition area, welcoming reception, coffee breaks, conference materials, certificate, conference bag

2. Hotel Accommodations - * Room Rates

| | Single room | Double room |
|-----------------------------|-------------------------------|-------------------------------|
| Palm Beach Hotel Larnaca 4* | €122 <input type="checkbox"/> | €147 <input type="checkbox"/> |
| Golden Bay Hotel 5* | €125 <input type="checkbox"/> | €155 <input type="checkbox"/> |
| Lordos Beach Hotel 4* | €78 <input type="checkbox"/> | €105 <input type="checkbox"/> |
| Henipa Hotel 3* | €55 <input type="checkbox"/> | €67 <input type="checkbox"/> |

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

SUBTOTAL 2: Total Amount: €

* The above hotel prices are per room per night on Bed & Breakfast basis

3. Social Program

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

| | | Tick | No. of person | Total Amount |
|---|----------------|--------------------------|---------------|---------------|
| Thursday 9th of September | | | | |
| Opening Ceremony (Including Cocktail Reception) | Complimentary | <input type="checkbox"/> | | Complimentary |
| Saturday 11th of September | | | | |
| Full-day tour to Nicosia (For accompanying persons) | €28 per person | <input type="checkbox"/> | | |
| Saturday 11th of September | | | | |
| Gala Dinner | €54 per person | <input type="checkbox"/> | | |
| Sunday 12th of September | | | | |
| Full-day tour to Larnaca - Lefkara (Including lunch) | €55 per person | <input type="checkbox"/> | | |

SUBTOTAL 3: Total Amount: €

Note: Besides the previously mentioned local tours, we are able to offer tours to countries near by Cyprus as well.
For further information please visit the conference's web site: <http://www.topkinisis.com/AANP/>

4. Summary of participation expenses

| | | |
|----------------------|-------------|---------------|
| Registration | Subtotal 1: | €..... |
| Accommodation | Subtotal 2: | €..... |
| Social Programme | Subtotal 3: | €..... |
| Total amount: | | €..... |

Flight Details (please fill in for organization purposes)

Arrival Date: Arrival time: Flight No:

Departure Date: Departure time: Flight No:

Special Requirements:

.....
.....

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)

IMPORTANT:

Please indicate the name of the participant and the conference title with the bank transfer slip
Please note that all charges "are to be paid by the sender"

2) Banking cheque to TOP KINISIS TRAVEL LTD

Cheque No.:

Bank:

Date:

3) 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 Number:

Expired 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 22 869735

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 23rd August 2010 will be refunded as follows:

Cancellations received by 23rd August 2010: 80%

Cancellations received after 23rd August 2010: No refund

Please send the completed registration forms to the Conference Secretariat:

TOP KINISIS TRAVEL PUBLIC LTD

TOP KINISIS

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2007, Strovolos, Nicosia, Cyprus

Tel: +357 22713760 Fax: +357 22869735

E-mail: synedrio@topkinisis.com

Website: www.topkinisis.com/AANP