**REGISTRATION FORM**

Celiac Association + IBD association

**Delegate’s Personal Data**

Last name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title / Specialty: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **1. Registration Fee (√)** | |
| **Special Fee** | Fee€20 |
| ***Registration Fee includes:*** *attendance* ***only*** *to the Food Demonstration and Food Hypersensitivity Panel*  *that will take place on* ***Friday, 28 November 2014, between 17:00-19:00*** | |

**FORMS OF PAYMENT**

1. **Credit Card:**

**VISA**  **MASTERCARD DINERS**

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: ……………………………………..….............................................

**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 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.

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](mailto:synedrio@topkinisis.com)