

# Application Form for Front Office Master Seminar/ 10 March 2017

## 1<sup>st</sup> PARTICIPANT

Mr  Mrs  Ms

Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Position: \_\_\_\_\_  
Department: \_\_\_\_\_  
Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

## 2<sup>nd</sup> PARTICIPANT from the same company

Mr  Mrs  Ms

Name: \_\_\_\_\_  
Position: \_\_\_\_\_  
Department: \_\_\_\_\_  
Email: \_\_\_\_\_

(PLEASE RETURN BY FAX TO 25 588 299 or email to [info@wtccy.org](mailto:info@wtccy.org))

## PARTICIPATION FEE

1<sup>st</sup> participant: **€85 + VAT**

2<sup>nd</sup> participant or more: **€75 + VAT**

**Total: € ..... + 19% Vat**

**Signature:** \_\_\_\_\_

PARTICIPATION FEE PER DELEGATE (includes handouts, coffee breaks and lunch)

## METHODS OF PAYMENT

## CANCELATION POLICY

Visa  AMEX  MASTECARD  OTHER

Credit Card Number: \_\_\_\_\_ Exp. Date: ...../.....

Card Holder's name: \_\_\_\_\_

Amount: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**By cheque**

Please post your cheque to World Trade Center (Cyprus) Ltd, P.O Box 58023, 3730, Limassol, Cyprus

**Bank Transfer**

Please be informed that all bank charges are at your own expense.

**Account Name:** World Trade Center (Cyprus) Ltd

**Bank:** Bank of Cyprus

**Account Number:** 0357024468998

**IBAN:** CY36002001950000357024468998

**SWIFT BIC:** BCYPCY2N

- Confirmation of your registration will be sent once registration form is received and full amount is paid in advance and not later than 9<sup>th</sup> March 2017

- In the case you are unable to attend we would be glad to welcome a colleague in your place. However if you are forced to cancel, we should be notified 3 working days in advance. In this case 50% cancellation fee will apply. In any other case no refund is allowed.

- Organizers reserve the right to cancel or change the date of the seminars according to their discretion.

