

The 2009 IFWLA Convention Registration Form – NOTES FOR REGISTRATION

This form is designed for one registrant and two accompanying persons. Please photocopy the form as needed for additional registrants. You must complete all information on the registration form. Inaccurate or incomplete information will delay the processing and emailing of your confirmation, which functions as your receipt. Please return completed form to: M.L. Smart Events, P.O.Box 50438, 3605 Limassol, Cyprus by Fax: +357 25 370795 or by email to: smartevents@cytanet.com.cy For any further information, please contact M.L. Smart Events, Tel.: +357 25 355480

For M.L. Smart Events use only:
Application #: _____
Confirmation #: _____
Date of Registr.: _____

Participant: Mr. Mrs. Ms.

Name:	_____	Surname:	_____
Mailing Address:	_____		Post Code: _____
Town:	_____	Country:	_____
Business Telephone:	_____	Business Fax:	_____
Private Telephone:	_____	Private Fax:	_____
Business Email:	_____	Private Email:	_____

Do you have any special food requirements, special medical conditions or disabilities, which the Convention staff needs to be aware of?

Accompanying Person(s):

Name:	_____	Surname:	_____
Name:	_____	Surname:	_____

Registration Fees:	€	Persons	Total in €
Delegates:		_____	_____
Accompanying Person/s (sharing room):		_____	_____
Additional night/s: _____ Night/s	DBL €180,00 per room per night	SGL €140,00 per night	_____
Arrival on: _____ / _____ /2009	Departure on: _____ / _____ /2009	Grand Total:	_____

PAYMENT:

Cancellation of registration and refund policy: M.L. Smart Events will refund the full registration fee less an administration fee of €100,00 per person if a cancellation is received prior to 24 April, 2009. All refunds will be made after the Convention.

PLEASE SELECT METHOD OF PAYMENT:

I confirm that the sum of € _____ in respect of full settlement has been wired/forwarded by Bankers Draft to the following account:

A/C Name: M.L. Smart Events, **Account #:** 128-11-005836, **IBAN #:** CY20003001280000012811005836,
Bank: Marfin Popular Bank, Orphanides Branch (128), Limassol, Cyprus, **BIC:** LIKICY2N

Date of transfer: _____ **Issuing Bank:** _____

The undersigned authorizes M.L. Smart Events to charge the following credit card with the equivalent of Total Registration Fees in Euros

Visa **Mastercard** **AMEX** **Diners** **Eurocard**

Credit Card #: _____ **Exp. Date:** _____

Name on Card: _____

By signing this form, the participant agrees to be bound by the registration rules and conditions.

Authorised Signature: _____ **Date:** _____

