

**EASTERN MEDITERRANEAN SEMINAR ON GENERAL MEDICINE FOR PHYSICIANS  
ROYAL COLLEGE OF PHYSICIANS/ MEDICAL ROYAL COLLEGES ASSOCIATION CYPRUS  
LIMASSOL, CYPRUS - 21/22 NOVEMBER 2015**

**CONFERENCE REGISTRATION FORM**

This form is designed for one registrant and one accompanying person. Please photocopy the form as needed for additional registrants. The General Medicine Conference does not accept foreign currency. You must complete all information on the registration form. Inaccurate or incomplete information will delay the processing of your confirmation, which functions as your receipt. Please return the completed form, with payment, to:

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**Participant** Prof.  Dr.  Mr.  Mrs.  Ms.

\_\_\_\_\_  
Surname First name

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Country Postcode

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Telephone Fax

\_\_\_\_\_  
E-mail

\_\_\_\_\_  
Place of Employment

**Accompanying Person** Prof.  Dr.  Mr.  Mrs.  Ms.

\_\_\_\_\_  
Surname First name

**REGISTRATION**

	Rate	No of Persons	TOTAL
Registration fee	50 euros		
TOTAL AMOUNT FOR CONFERENCE REGISTRATION IN EUROS			

**PAYMENT**

The undersigned authorizes the Conference Organisers to charge the following credit card with the equivalent of the TOTAL in euros **plus handling fees as specified below.**

**Credit Card** Visa  Master Card  American Express

Credit Card No: \_\_\_\_\_ Exp. Date \_\_\_\_\_ Security No\*: \_\_\_\_\_  
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**HANDLING FEES:** Please note your card will also be charged 5% handling fees - **€2.50 per ticket** - which are determined by our payment systems provider.

Authorised Signature: \_\_\_\_\_

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