



Participation Form to Seminar 12/2017

Directors Responsibilities and Risk

Participant's details

Name / Organisation:	
Address:	
E-mail:	
Tel.:	Fax:

	Number of Participants		Fee (including VAT)	€
Members		@	€50	
Non – Members		@	€100	
Total Payable Amount				

We wish to settle the above amount as follows:

- By payment through the ICPAC website (www.icpac.org.cy) - Seminar code: **12 / 2017**
- By cheque - Please attach the relevant cheque
- By credit card - Please complete the following:

Credit card number:

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Expiry date:

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Type of card: ☐ Visa ☐ Mastercard ☐ American Express ☐ Diners

Name of cardholder (if different from the above):

Signature of card holder:

Date:

- * Please complete the attached list of participants denoting their **ICPAC registration number**.
- ** The participation form duly completed and signed together with the applicable fee must be received by ICPAC no later than Friday, **26 May 2017**.



Seminar 12/ 2017:

Directors Responsibilities and Risk

Venues, dates and time:

- | | | | |
|----|-----------------|----|-------------------|
| 1. | 30 May 2017 | 2. | 31 May 2017 |
| | 08:30 – 13:00 | | 08:30 – 13:00 |
| | Cleopatra Hotel | | St Raphael Resort |
| | Nicosia | | Limassol |

List of participants

S/N	Name	Surname	ICPAC Reg. No.	1 = Nicosia 2 = Limassol
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

We hereby submit our application for participation to the above seminar, having read and consented to the terms and conditions as specified above.

Name of authorized person: Signature: Date: