



# Participation Form to Seminar 19/2017

## Transaction Monitoring- Practical Guide

**Participant's details:**

<b>Name / Organization:</b>	
<b>Address:</b>	
<b>E-mail:</b>	
<b>Tel.:</b>	<b>Fax:</b>

	Number of Participants		Fee (including VAT)	€
<b>Members</b>		@	€60	
<b>Non - Members</b>		@	€120	
<b>Total Payable Amount</b>				

**We wish to settle the above amount as follows:**

- By payment through the ICPAC website ([www.icpac.org.cy](http://www.icpac.org.cy)) - Seminar code: **19/ 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, 3 November 2017**.  
 \*\*\* The participation fees are **not refundable***



Seminar 18/ 2017:

## Seminar on Transaction Monitoring-Practical Guide

### Venues and dates/time:

**7 November 2017**

**08:30 – 13:00**

**St. Raphael Resort**

**Limassol**

**9 November 2017**

**08:30 – 13:00**

**Cleopatra Hotel**

**Nicosia**

**10 November 2017**

**08:30 – 13:00**

**Golden Bay Hotel**

**Larnaca**

### List of participants:

S/N	Name	Surname	ICPAC Reg. No.	1= Limassol 2= Nicosia 3= Larnaca
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: .....