

## Personal Information

## REGISTRATION FORM

You can Register online at <https://register.bpwcypus.online/cyprus/> or print out and complete this form in English, then e-mail it to [info@bpwcypus.org.cy](mailto:info@bpwcypus.org.cy)

<b>FIRST NAME</b>	<b>LAST NAME</b>	
<input type="text"/>	<input type="text"/>	
<b>ADDRESS</b>		
<input type="text"/>		
<b>CITY</b>	<b>POSTCODE</b>	<b>COUNTRY</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>TELEPHONE</b>	<b>MOBILE PHONE</b>	<b>EMAIL</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>ORGANIZATION</b>	<b>POSITION</b>	
<input type="text"/>	<input type="text"/>	

## BPW Members

<b>BPW MEMBER</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<b>YOUNG BPW (&lt;35 yrs old)</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>FEDERATION</b>					
<input type="text"/>					
<b>BPW CLUB</b>			<b>BPW POSITION</b>		
<input type="text"/>			<input type="text"/>		
<b>EMERGENCY CONTACT</b>			<b>TELEPHONE</b>		
<input type="text"/>			<input type="text"/>		

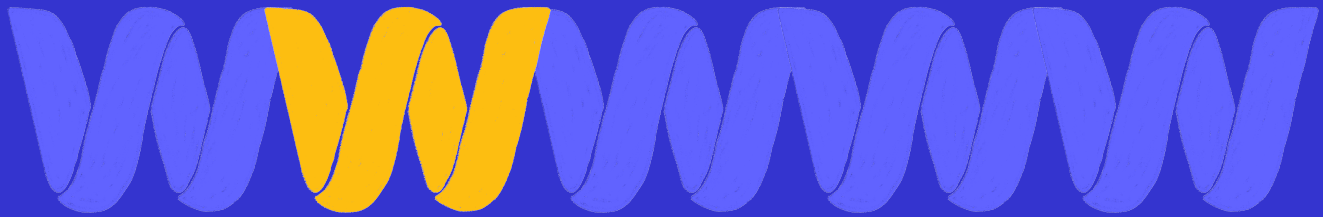
## Registration Fee | €110.00

**Friday:** Sightseeing tour of Nicosia with lunch in the Old Town and networking dinner

**Saturday:** Symposium venue with coffee breaks and lunch

**Closing Gala Dinner**

**Sunday:** Excursion and lunch before departure



## Online Registration

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## REGISTRATION & PAYMENT

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1. Visit <https://register.bpwcyprus.online/> to register online.
2. Submit registration form to receive invoice via email.
3. Upon receipt of our invoice, proceed with payment via bank transfer as below.

## Email Registration

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1. Print out and complete a registration form for each person attending.
2. Scan and email registration form to [info@bpwcyprus.org.cy](mailto:info@bpwcyprus.org.cy) to receive invoice via email.
3. Upon receipt of our invoice, proceed with payment via bank transfer as below.

## Payment Procedure

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1. Upon receiving the relevant invoice, all payments must be made via bank transfer to the Bank of Cyprus, with IBAN as below.
2. Transfer payment with reference to the invoice number(s).
3. The Beneficiary (BPW Cyprus) must receive the amount in full, so make sure that transfer fees and/or bank charges are covered by the sender.
4. To complete the registration process, please email the invoice(s) together with your proof of payment to [info@bpwcyprus.org.cy](mailto:info@bpwcyprus.org.cy).
5. Upon receipt, confirmation will be forwarded via email.

## Banking Details

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**Bank:** Bank of Cyprus  
**Branch:** Iosif H'losif (0158)  
**Account Name:** Cyprus Federation of BPW (KOGEE)  
**Account Number:** 011401028767  
**IBAN No.:** CY5800200114000000102876700  
**Swift (BIC):** BCYPCY2N

I consent to the processing of my personal data, in accordance with GDPR 2016/679/EU

**SEMELI HOTEL**

10, Petraki Yiallourou Street, Nicosia, Cyprus

Email: [hotel@semelihotel.com.cy](mailto:hotel@semelihotel.com.cy) | Tel: (+357) 22 452121 | Fax: (+357) 22 670200[www.semelihotel.com.cy](http://www.semelihotel.com.cy)**"5th BPW Mediterranean Symposium"****18-20/12/2022****BOOKING REFERENCE***Please fill-out this form and email to [hotel@semelihotel.com.cy](mailto:hotel@semelihotel.com.cy) or fax to (+357) 22 670200*

<b>GUEST</b>	SURNAME	<input type="text"/>
	FIRST NAME	<input type="text"/>
	EMAIL	<input type="text"/>
	TELEPHONE	<input type="text"/>
	FAX	<input type="text"/>
<i>Accompanying Person (if applicable)</i>	SURNAME	<input type="text"/>
	FIRST NAME	<input type="text"/>

<b>ROOM TYPE</b>	STANDARD SIGNLE ROOM <b>€75.00</b>	<input type="checkbox"/>	STANDARD DBL / TWIN ROOM <b>€90.00</b>	<input type="checkbox"/>
	<i>Above rates are for the room per night inclusive of buffet breakfast, taxes and service. Also free Internet &amp; Parking. Guests also enjoy free access to the gym area.</i>			

<b>SPECIAL REQUESTS</b>	<input type="text"/>
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<b>YOUR STAY</b>	ARRIVAL DATE <i>dd/mm/yy</i>	<input type="text"/>	TIME <i>please indicate am/pm</i>	<input type="text"/>
	DEPARTURE DATE <i>dd/mm/yy</i>	<input type="text"/>	TIME <i>please indicate am/pm</i>	<input type="text"/>

<b>RESERVATION GUARANTEE</b>	<i>Please advise us of your credit card details as a guarantee for your reservation:</i>							
	VISA	<input type="checkbox"/>	EUROCARD	<input type="checkbox"/>	MASTERCARD	<input type="checkbox"/>	AMERICAN EXPRESS	<input type="checkbox"/>
	CREDIT CARD NO.	<input type="text"/>						
	EXPIRY DATE <i>mm/yy</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>				
	CARDHOLDER'S NAME	<input type="text"/>						
CARDHOLDER'S SIGNATURE	<input type="text"/>							

<b>PAYMENT</b>	<i>There are 3 methods of payment, please indicate your preference:</i>	Payment in advance by credit card	<input type="checkbox"/>
		By providing credit card as a guarantee and payment at the Hotel	<input type="checkbox"/>
		Payment in advance with bank transfer	<input type="checkbox"/>

<b>RESERVATION</b>	The quoted Rates are only available for Guests related to the 5th Mediterranean Symposium taking place in Cyprus for the period 18-20/11/2022. There have been no Rooms provisionally reserved. Any Accommodation Requests are always welcome and will be treated <u>subject to availability</u> .
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<b>CANCELLATION &amp; CHANGES</b>	<i>Cancellations and/or modifications requested up to 72 hrs. prior to the arrival time (18/11 @ 12:00 hrs) will be accepted free of charge</i> <i>Cancellations and/or modifications requested 72 to 24 hrs prior the arrival time (18/11 @ 12:00 hrs) will be charged with a cancellation fee equal to one Night of Accommodation Cost</i> <i>The Hotel reserves the right to apply the entire accommodation cost in case of last minute cancellation (advised within 24 hrs. prior the check-in time) or in case of unexpected No-show.</i>
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# RESERVATION FORM



Please send the fill out form back to fax-no: +357 22 515 132 or via email to: info@almondbusinesshotel.com

## PICAYO TRADING – ALMOND BUSINESS HOTEL

25<sup>th</sup> March Street, No.11  
Ayioi Omologites  
1087 Nicosia, Cyprus

<b>Guest Surname:</b>	_____
<b>First name:</b>	_____
<b>Tel No.:</b>	_____
<b>E-mail address:</b>	_____
<b>Accompanying</b>	_____
<b>Person (if applicable)</b>	_____

Please choose from one of the following options:

<input type="checkbox"/> <b>ROOM TYPE:</b> _____ :
<input type="checkbox"/> <b>DELUXE BUSINESS SUITE (SINGLE USE) 130 euro per night</b>
<input type="checkbox"/> <b>DELUXE BUSINESS SUITE (DOUBLE USE) 150 euro per night</b>

<input type="checkbox"/> <b>DURATION OF STAY</b>
<b>ARRIVAL DATE:</b> _____
<b>DEPARTURE DATE:</b> _____
<b>SPECIAL REQUESTS:</b> _____

I/we hereby authorise you to charge my/our credit card:

<b>Type of card:</b>	<input type="checkbox"/> Master Card	<input type="checkbox"/> Visa Card	<input type="checkbox"/> American Express
<b>Card number:</b>	_____	_____	_____
<b>Name on the card:</b>	_____		
<b>Expiry date:</b>	Month _____	Year _____	Security code _____

(CVC2 or CVV2 on the back of the card)

Date \_\_\_\_\_

Signature \_\_\_\_\_

Stamp



## CLEOPATRA HOTEL

8 Florinis Street, 1065 Nicosia, Cyprus

Email: [info@cleopatra.com.cy](mailto:info@cleopatra.com.cy) | Tel: **[+357] 22 844000** | Fax: **[+357] 22 844222**

[www.cleopatra.com.cy](http://www.cleopatra.com.cy)

### BOOKING REFERENCE

**BPW Cyprus Symposium**  
**18 – 20 November 2022**

Please fill-out this form and email to [info@cleopatra.com.cy](mailto:info@cleopatra.com.cy) or fax to **[+357] 22 844222**

<b>GUEST</b>	SURNAME	<input type="text"/>
	FIRST NAME	<input type="text"/>
	EMAIL	<input type="text"/>
	TELEPHONE	<input type="text"/>
	FAX	<input type="text"/>
<i>Accompanying Person (if applicable)</i>	SURNAME	<input type="text"/>
	FIRST NAME	<input type="text"/>

<b>ROOM TYPE</b> <i>Please indicate number of rooms required then click to commit</i>	STANDARD SINGLE ROOM <b>€115</b>	<input type="text"/>	EXECUTIVE SINGLE ROOM <b>€130</b>	<input type="text"/>
	STANDARD TWIN ROOM <b>€140</b>	<input type="text"/>	EXECUTIVE TWIN ROOM <b>€155</b>	<input type="text"/>
<i>Rates are for the room per night inclusive of buffet breakfast taxes and service. Also free Internet and Parking. Guests have free access to the Gym area.</i>				

<b>SPECIAL REQUESTS</b>	<input type="text"/>
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<b>YOUR STAY</b>	ARRIVAL DATE <i>dd/mm/yy</i>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	TIME <i>please indicate am/pm</i>	<input type="text"/>
	DEPARTURE DATE <i>dd/mm/yy</i>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	TIME <i>please indicate am/pm</i>	<input type="text"/>

<b>RESERVATION GUARANTEE</b>	<i>Please advise credit card details if prepayment by credit card option is taken:</i>			
	VISA <input type="checkbox"/>	EUROCARD <input type="checkbox"/>	MASTERCARD <input type="checkbox"/>	AMERICAN EXPRESS <input type="checkbox"/>
	CREDIT CARD NO.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
	EXPIRY DATE <i>mm/yy</i>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
	CARDHOLDER'S NAME	<input type="text"/>		
CARDHOLDER'S SIGNATURE	<input type="text"/>			

<b>PAYMENT</b>	<i>There are 2 methods of payment:</i>	Payment in advance by credit card	<input type="checkbox"/>
		Payment in advance with bank transfer	<input type="checkbox"/>

<b>RESERVATION</b>	Reservations are subject to availability.
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<b>CANCELLATION &amp; CHANGES</b>	<i>All changes &amp; cancellations must be submitted in writing to the Hotel: <a href="mailto:info@cleopatra.com.cy">info@cleopatra.com.cy</a> In the event that the reservation is cancelled less than 72 hours prior to arrival date at midday or is a no show a charge equivalent to one nights' stay will be imposed.</i>
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