**REGISTRATION FORM**

**Please return by Tue, 31 March 2015**

E-mail: [**bimr2015@parliament.cy**](mailto:bimr2015@parliament.cy) or

Fax: + 357 22 66 86 11

**Please include a passport size digital photograph**

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| **Delegates/Accompanying Persons Details** | Please **TYPE** in details or use capital letters | |
| CPA Branch / Legislature |  | |
| Title (Mrs/Miss/Ms/Mr/Dr/Hon/Lord etc) |  | |
| First name(s) |  | |
| Surname |  | |
| Parliamentary abbreviation |  | |
| Capacity (parliamentarian, staff, accompanying person) |  | |
| Name as you would like it to be printed on name badge |  | |
| Contact telephone number |  | |
| Email address  *Please note that communication will be by email unless otherwise stated* |  | |
| Any special dietary requirements  (e.g. restrictions / allergies) |  | |
| Other special requirements |  | |
| Attendance Tour Day - 27 May  Applicable Fee: €50 (see information for delegates) | YES | NO |