

4th BPW
MEDITERRANEAN
SYMPOSIUM

Nicosia, Cyprus

19-21 NOVEMBER 2021

REGISTRATION
FORM

Personal Information

BPW Members

Registration Fee

BPW
Mediterranean
Symposium 2021



BPW CYPRUS
Cyprus Federation
of Business and
Professional Women

25 years Empowering Women

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

FIRST NAME

LAST NAME

ADDRESS

CITY

POSTCODE

COUNTRY

TELEPHONE

MOBILE PHONE

EMAIL

ORGANIZATION

POSITION

BPW MEMBER

YES

NO

YOUNG BPW (<35 yrs old)

YES

NO

FEDERATION

BPW CYPRUS

BPW POSITION

EMERGENCY CONTACT

TELEPHONE

Registration Fee €110.00

This fee includes:

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

**4th BPW
MEDITERRANEAN
SYMPOSIUM**

Nicosia, Cyprus

19-21 NOVEMBER 2021

BPW
Mediterranean
Symposium **2021**



BPW CYPRUS
Cyprus Federation
of Business and
Professional Women

25 years Empowering Women

**REGISTRATION
& PAYMENT**

Online Registration

1. Visit <https://register.bpwcypus.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

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

Payment Procedure

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@bpwcypus.org.cy.
5. Upon receipt, confirmation will be forwarded via email.

Banking Details

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



CLEOPATRA HOTEL

8 Florinis Street, 1065 Nicosia, Cyprus

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

www.cleopatra.com.cy

BOOKING REFERENCE

BPW Cyprus 4th Mediterranean Symposium

19 – 21 November 2021

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

GUEST	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"/>

ROOM TYPE	STANDARD SINGLE ROOM €70 <input type="checkbox"/>	STANDARD TWIN ROOM €90 <input type="checkbox"/>	EXECUTIVE SINGLE ROOM €80 <input type="checkbox"/>	EXECUTIVE TWIN ROOM €100 <input type="checkbox"/>
	<i>Above rates are for the room per night inclusive of buffet breakfast, taxes and service. Also free Internet & Parking. Guests have free access to the gym area, sauna and steam bath.</i>			

SPECIAL REQUESTS	<input type="text"/>
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YOUR STAY	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"/>

RESERVATION GUARANTEE	<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"/> <input type="text"/>		
	CARDHOLDER'S NAME	<input type="text"/>		
CARDHOLDER'S SIGNATURE	<input type="text"/>			

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

RESERVATION	Accommodation Reservation deadline is 5 October 2021 . Reservation requests are subject to availability.
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CANCELLATION & CHANGES	<i>All changes & cancellations must be submitted in writing to the Hotel: info@cleopatra.com.cy 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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**SEMELI HOTEL**

10, Petraki Yiallourou Street, Nicosia, Cyprus

Email: hotel@semelihotel.com.cy | Tel: (+357) 22 452121 | Fax: (+357) 22 670200www.semelihotel.com.cy**"4th BPW Mediterranean Symposium"****19-21/11/2021****BOOKING REFERENCE***Please fill-out this form and email to hotel@semelihotel.com.cy or fax to (+357) 22 670200*

GUEST	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"/>

ROOM TYPE	STANDARD SINGLE ROOM €75	<input type="checkbox"/>	STANDARD TWIN ROOM €90	<input type="checkbox"/>
	<i>Above rates are for the room per night inclusive of buffet breakfast, taxes and service. Also free Internet & Parking. Guests also enjoy free access to the gym area.</i>			

SPECIAL REQUESTS	<input type="text"/>
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YOUR STAY	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"/>

RESERVATION GUARANTEE	<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"/>							

PAYMENT	<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"/>

RESERVATION	The quoted Rates are only available for Guests related to the 3rd Mediterranean Symposium taking place in Cyprus for the period 19-22/11/2020 and are any reservations requests will be treaded subject to availability.
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CANCELLATION & CHANGES	<i>All changes & cancellations must be submitted in writing to the Hotel: hotel@semelihotel.com.cy In the event that the reservation is cancelled less than 48 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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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

25th March Street, No.11
Ayioi Omologites
1087 Nicosia, Cyprus

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

Please choose from one of the following options:

<input type="checkbox"/> ROOM TYPE: _____ :
<input type="checkbox"/> DELUXE BUSINESS SUITE (SINGLE USE)
<input type="checkbox"/> DELUXE BUSINESS SUITE (DOUBLE USE)

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

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

Type of card:	<input type="checkbox"/> Master Card	<input type="checkbox"/> Visa Card	<input type="checkbox"/> American Express
Card number:	_____	_____	_____
Name on the card:	_____		
Expiry date:	Month _____	Year _____	Security code _____
	<i>(CVC2 or CVV2 on the back of the card)</i>		

Date _____

Signature _____

Stamp