

CYPnaval 2019

REGISTRATION FORM

Mr/Mrs/Ms/Miss/Dr

First name:.....Last name:.....

Job title/Position:.....

Company /Government /Institute:.....

Address/P.O.Box:.....

Postcode:.....City:.....Country:.....

Tel:.....Mob:.....

E-mail:.....Vat no:.....

Registrant option (please mark **X** accordingly - tbc by the Organizer):

..... General € 180

..... Student Univ. € 60

..... Discount under agreement

..... Complimentary under agreement

Date / Signature / Company stamp:

* Please fill out and kindly send it back to us at E: zomidea@cytanet.com.cy or F: +357 2247 5600

TERMS & CONDITIONS

All prices are including of VAT 19%. The Registration Form constitutes a legally binding contract. Following the signing Form, is issued invoice and the 100% of the value is due. The procurements schedule issued by the Organizer must be respected in total. The Organizer reserves the right to change the details of this Event without notice, to postpone or cancel in full the Event after physical disaster or remarkable circumstances. Each participant is responsible for taking out an insurance policy covering its third-party liability as part of its presence at and participation in the Event and all other customary insurance policies applicable for such event. The present is governed by the Laws of the Republic of Cyprus and any conflict arising therefrom, shall be treated under the exclusive jurisdiction of the Cypriot competent Courts.