

# Booking Form

8th European Regional Conference of the Commonwealth Nurses Federation  
Friday - Saturday 12th & 13th March 2010, Coral Beach Hotel, Paphos, Cyprus

CYNMA, MUMN and RCN Member? YES  NO

CYNMA, MUMN and RCN Membership number

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Title (Mr, Mrs) .....

Surname or family name .....

Forename .....

Preferred mailing address .....

.....

.....

Postcode .....

Country .....

Telephone (daytime) .....

Email address .....

Job title .....

Name of organisation (including town) .....

Special requirements (e.g. dietary, disability) .....

**Gala dinner:** I would like to book..... Gala dinner tickets at a total cost of .....

## PAYMENT:

Payments should be made to **AMATHUS DESTINATION SERVICES**

Bank address THE MARFIN POPULAR BANK  
MAIN BRANCH - LIMASSOL  
ACCOUNT No.: 020-11-000769  
IBAN: CY 44 0030 0020 0000 0020 1100 0769  
BIC: LIKICY2N

• Cheque no ..... for full total is enclosed, payable to AMATHUS DESTINATION SERVICES.

• I have transferred €..... to AMATHUS DESTINATION SERVICES.  
(copy of bank transfer receipt is to be attached with the registration form)

• Please debit my credit card with full total (plus additional 5% administrative fees).

VISA/ELECTRON  EURO/MASTERCARD  AMERICAN EXPRESS

**Credit card number:** ..... Expiring ..... / .....

Name of Card Holder: .....

Signature: ..... Date ..... / ..... / .....

Billing Address: .....

**Applications with full payment, should be sent to:**

**AMATHUS DESTINATION SERVICES**  
82a Makarios Avenue, Gavriel Building  
Office 301a, 1077, Nicosia, Cyprus  
Tel.: 00 357 22 817072, Fax: 00 357 22667051  
Email: dpringi@amathus.com or mmore@amathus.com

**Cancellations:** Cancellations received one full month before the start of the event will be refunded minus a 30% administration fee. Regretably, no refunds can be processed after this date.

# Conference Fees

Fee per full conference  
All payments to be in Euro

| Please tick as appropriate<br>Conference fees: | Early bird<br>(to 01.01.10)      | Standard<br>(from 02.01.10)      |
|--|----------------------------------|----------------------------------|
| CYNMA, MUMN, RCN member                        | €130.00 <input type="checkbox"/> | €160.00 <input type="checkbox"/> |
| Non member                                     | €200.00 <input type="checkbox"/> | €250.00 <input type="checkbox"/> |
| Students                                       | €90.00 <input type="checkbox"/>  | €110.00 <input type="checkbox"/> |
| Gala Dinner (Transfer included)                | € 55.00 <input type="checkbox"/> | € 65.00 <input type="checkbox"/> |

The conference fee includes registration for the conference, conference materials, coffee breaks. It does not include travel, airport transfers or accomodation.

## SPECIAL DISCOUNTS:

If you are a block booking a group of 6 or more delegates, each delegate receives 10% discount on their applicable registration fee. To be eligible for this discount applications must be sent together in one batch.

Students should submit a copy of their student membership card to be eligible for the above discounted fee.

## ACCOMODATION FORM

Package Prices inclusive of:

3 nights accommodation with breakfast.  
Two lunches during conference days at the hotel.  
Arrival - Departure transfers, All taxes.

|   | Single Deluxe                     | Twin Deluxe<br>per person         |
|---|-----------------------------------|-----------------------------------|
| ***** CORAL BEACH HOTEL<br>(If arrival/departure Larnaca airport) | € 500.00 <input type="checkbox"/> | € 420.00 <input type="checkbox"/> |
| (If arrival/departure Paphos airport)                             | € 445.00 <input type="checkbox"/> | € 365.00 <input type="checkbox"/> |
| Extra night in single room (per night)                            | € 85.00 <input type="checkbox"/>  |                                   |
| Extra night in twin room (per person)                             |                                   | € 65.00 <input type="checkbox"/>  |
| Number of extra nights <input type="checkbox"/>                   |                                   |                                   |
| <i>Please tick as appropriate</i>                                 |                                   |                                   |

## REGISTRATION DETAILS

Surname of delegate

Name of delegate

Accompanying person

Arrival date & time

Departure date & time

Arrival Flight

Departure Flight

**CREDIT CARD DETAILS (required to process application):**

VISA/ELECTRON  EURO/MASTERCARD  AMERICAN EXPRESS

**Credit card number:** .....

**Expiry date:** .....

**Signature:** .....

**Date:** .....