

**CYPRUS ARBITRATION &
MEDIATION CENTRE**

APPLICATION FORM

Seminar of 7 November 2017

ONE DAY SEMINAR

“Particular Problems in International Arbitration”

THE SEMINAR IS UNDER THE AUSPICES OF

His Excellency the Attorney General of Cyprus

MR. COSTAS CLERIDES

NICOSIA
HILTON HOTEL

GENERAL COMMENTS

The number of Participants is limited to 100. Those interested to participate must complete the application form the soonest and to forward same as early as possible to the Cyprus Arbitration & Mediation Centre. The application forms may be posted or delivered to the following person.

Dr. Sonia Ajini

General Secretary

Spyrou Kyprianou 82

Euro House, 1st Floor – Limassol

Telephone:- 25 37 37 34;

EMAIL: camc.arbitration@gmail.com

www.cyprusarbitration.org.cy

Once the maximum number of 100 Participants has been completed and paid for, no more applications shall be accepted. (Fees paid shall be fully refundable only by written notice to the addressee shown above, by noon of Friday, 3rd November 2017.

The participation fee includes, amongst others:-

1. Coffee during all breaks.
2. Snacks for lunch
3. Certificate of Attendance.

The applications for participation must reach the addressee shown above, the latest, by 12 noon of Monday, 6th November 2017.

Every application must be accompanied by cheque or cash payment of the participation fee or a receipt of transfer to the Centre's bank account. The relevant bank account is given at the end of this form.

The participation fee is as follows:-

1. €100 per participant,
2. €80 per participant for two or more participants from the same Firm.
3. €50 per participant who is a student or pupil; advocate.

APPLICATION FOR REGISTRATION AS PARTICIPANT

BUSINESS FIRM OFFICE OR TRADING HOUSE	
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SURNAME																				
FIRST NAME																				
IDENTITY CARD NO.																				

SURNAME																				
FIRST NAME																				
IDENTITY CARD NO																				

SURNAME																				
FIRST NAME																				
IDENTITY CARD NO																				

In the event of more Participants from the same Firm or Office or Trading House a second or third application forms should be used

COMMUNICATION ADDRESS			
P.O.BOX.	TELEPHONES		
	BUSINESS	MOBILE	FACSIMILE
E-MAIL			

I attach a cheque on bank _____ numbered _____ for the amount or cash € _____ Dated ____ / ____ / 2017

Signature _____

TO BE COMPLETED BY PUPIL ADVOCATES OR OTHER PERSONS / TRAINING										
Office at which Applicant as Attending as Pupil										
OFFICE NAME										
ADDRESS										
TELEPHONE										
E-MAIL										

TO BE COMPLETED BY UNIVERSITY STUDENTS										
University at which applicant is attending										
Name of University										
Faculty of										
Year of Studies and Title to be acquired										
E-MAIL										

The payment of the participation fee may be effected by bank transfer to the bank account of the Cyprus Arbitration & Mediation Centre with Bank of Cyprus Public Company Ltd:-

IBAN: CY76 0020 0199 0000 0001 0088 2800

SWIFT: BCYPCY2N

Bank Account Number: 019901008828

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