

PERMANENT CONFERENCE OF THE TRADE UNIONS OF THE CAPITAL CITIES

ROME 23-26 SEPTEMBER 2013

REGISTRATION FORM

1. Please complete this registration form.
2. Please return this registration form by e-mail to confereceroma2013@gmail.com

PARTICIPANT'S PERSONAL DETAILS

- ☐ OFFICIAL DELEGATE ☐ EXTRA-DELEGATE

FIRST NAME	PANIKOS	LAST NAME (As appearing on passport)	KADIS
Organisation	CYPRUS WORKERS CONFEDERATION (SEK)	Position	SECRETARY OF CONSTRUCTION WORKERS
Nationality	CYPRIOT		
Street	Kalchandos	Number	4
City	K.Polemidia	Post Code	4154
Country	CYPRUS		
Telephone	00357 99 584829 (MOB) 00357 25 861000	Fax	00357 25861122 00357 25345837
E-mail	p.kadis@sek.org.cy		

interpretations will be provided in English, Italian, French and Spanish.

ACCOMMODATION SUGGESTIONS

We will book a room for 3 nights (IN 23/09/2013 OUT 26/09/2013) for each delegate at the official hotels

ROOM:

☐ **SINGLE** ☐ **DOUBLE**

☐ **ACCESSIBLE ROOM, OR ANY OTHER REQUIREMENT (PLEASE SPECIFY):**

CHECK IN: _23/9/13

CHECK OUT: 26/9/13

IF YOU ARE STAYING MORE NIGHTS, WE WILL MAKE A RESERVATION, BUT PLEASE NOTE THAT YOU WILL HAVE TO PAY DIRECTLY AT THE HOTEL.

OTHER NEEDS / RELEVANT INFORMATION

I have dietary requirements	<input type="radio"/> YES <input type="radio"/> NO	Please specify: NO

VISA

We are available for any specific request about VISA you may have. Please address a message to us as soon as possible.

RAVEL

I travel by plane	<input type="radio"/> YES <input type="radio"/> NO	
<i>Onward Flight</i>		
Airport or city of departure	LARNACA - CYPRUS	
Airport or city of arrival	ROME - ITALY	
<i>Return Flight</i>		
Airport or city of departure	ROME - ITALY	
Airport or city of arrival	LARNACA - CYPRUS	
I travel by train	<input type="radio"/> YES <input type="radio"/> NO	NO
City of departure		
Day of arrival		
ay of departure		