**SPOUSE/PARTNER INFORMATION FORM**

**(accompanying persons)**

**Please return by Friday, 17 April 2015**

 E-mail: **bimr2015@parliament.cy** or

 Fax: + 357 22 66 86 11

|  |  |
| --- | --- |
| **Spouse/Partner Details** | Please **TYPE** in details, or use capital letters  |
| CPA Branch / Legislature\* |  |
| Title (Mrs/Miss/Ms/Mr/Dr/Hon etc) |  |
| First name(s)  |  |
| Surname  |  |
| Name as you would like it to be printed on name badge\* |  |
| Any special dietary requirements (e.g. restrictions / allergies) |  |
| Other special requirements |  |
| Spouse/Partner of |  |
| Attendance Tour Day - 27 MayApplicable Fee: €50 (see information for delegates) | YES | NO |

**\* IMPORTANT: to be completed (including a digital photograph) for use on name badges.**