**SPOUSE/PARTNER INFORMATION FORM**

**(accompanying persons)**

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

E-mail: [**bimr2015@parliament.cy**](mailto: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 May  Applicable Fee: €50 (see information for delegates) | YES | NO |

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