**TRAVEL FORM**

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

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

 fax: + 357 22 66 86 11

 **AND directly to the hotel:**

 email: **amathus-reservation@amathushotel.com** or

 fax: 00 357 25 832530

|  |  |
| --- | --- |
| **Delegates/Accompanying Persons Details** | Please **TYPE** in details or use capital letters  |
| CPA Branch / Legislature | Cyprus (listed catalogue) |
| Title (Mrs/Miss/Ms/Mr/Dr/Hon/Lord etc.) |  |
| First name(s)  |  |
| Surname  |  |
| Parliamentary capacity |  |
| Dietary requirements / restrictions / allergies (for hotel meals) |  |

**ARRIVAL DETAILS**

|  |  |
| --- | --- |
| Departure airport |  |
| Arrival date (DD/MM/YYYY) |  |
| Flight arrival time (hh:mm) |  |
| Flight number |  |
| Airport | Larnaca  | Pafos  |
| **TRANSPORT TO/FROM THE AIRPORTS WILL NOT BE PROVIDED** |

**DEPARTURE DETAILS**

|  |  |
| --- | --- |
| Departure date (DD/MM/YYYY) |  |
| Check in time (hh:mm) |  |
| Flight departure time (hh:mm) |  |
| Flight number |  |
| Airport | Larnaca | Pafos  |