

## Registration Form

*(To digitally sign, this form must be opened in Adobe Acrobat or Reader)*

**Seminar Code:**
**Title:**
**Start Date:**

\* Required

### A. Organization's Details (if applicable)

|                                           |  |                     |  |
|-------------------------------------------|--|---------------------|--|
| * Company/Organization:                   |  | * Size:             |  |
| Economic Activity:                        |  | * Telephone:        |  |
| Address:                                  |  | Postal Code:        |  |
| * Authorised person for the registration: |  | * Email:            |  |
|                                           |  | * Direct Telephone: |  |
| * Number of participants:                 |  |                     |  |

### B. Participant's Details (1)

|                                                                                  |         |  |            |  |
|----------------------------------------------------------------------------------|---------|--|------------|--|
| * Title:                                                                         | * Name: |  | * Surname: |  |
| Title/ Job Position:                                                             |         |  | * Email:   |  |
| Job description:                                                                 |         |  | * Mobile:  |  |
| Reasons for participating in the seminar:                                        |         |  |            |  |
| If lunch is included in the seminar, please state below any dietary preferences: |         |  |            |  |

### B. Participant's Details (2)

|                                                                                  |         |  |            |  |
|----------------------------------------------------------------------------------|---------|--|------------|--|
| * Title:                                                                         | * Name: |  | * Surname: |  |
| Title/ Job Position:                                                             |         |  | * Email:   |  |
| Job description:                                                                 |         |  | * Mobile:  |  |
| Reasons for participating in the seminar:                                        |         |  |            |  |
| If lunch is included in the seminar, please state below any dietary preferences: |         |  |            |  |

### B. Participant's Details (3)

|                                                                                  |         |  |            |  |
|----------------------------------------------------------------------------------|---------|--|------------|--|
| * Title:                                                                         | * Name: |  | * Surname: |  |
| Title/ Job Position:                                                             |         |  | * Email:   |  |
| Job description:                                                                 |         |  | * Mobile:  |  |
| Reasons for participating in the seminar:                                        |         |  |            |  |
| If lunch is included in the seminar, please state below any dietary preferences: |         |  |            |  |

### B. Participant's Details (4)

|                                                                                  |         |  |            |  |
|----------------------------------------------------------------------------------|---------|--|------------|--|
| * Title:                                                                         | * Name: |  | * Surname: |  |
| Title/ Job Position:                                                             |         |  | * Email:   |  |
| Job description:                                                                 |         |  | * Mobile:  |  |
| Reasons for participating in the seminar:                                        |         |  |            |  |
| If lunch is included in the seminar, please state below any dietary preferences: |         |  |            |  |

### B. Participant's Details (5)

|                                                                                  |         |  |            |  |
|----------------------------------------------------------------------------------|---------|--|------------|--|
| * Title:                                                                         | * Name: |  | * Surname: |  |
| Title/ Job Position:                                                             |         |  | * Email:   |  |
| Job description:                                                                 |         |  | * Mobile:  |  |
| Reasons for participating in the seminar:                                        |         |  |            |  |
| If lunch is included in the seminar, please state below any dietary preferences: |         |  |            |  |

## Registration Form

### C. Participation Cost

**PARTICIPATION IN THE SEMINAR IS PREPAID (at least three days before the start of the seminar)**

**Please invoice:**      The participant              The company              Not applicable

**Please select:**

Participants are entitled the Human Resource Development Authority (HRDA) subsidy      €260

Participants are **not** entitled the Human Resource Development Authority (HRDA) subsidy      €960

Participants are unemployed and registered at Public Employment Service      Please contact us at 77777252

Cheques must be issued to **EDITC Ltd** and payment can be made directly through deposit to the account of the company

**Account Name:** EDITC LTD

**Account Number:** 115-01-068696-01

**IBAN:** CY19 0050 0115 0001 1501 0686 9601

**SWIFT/BIC:** HEBACY2N

### D. Terms and conditions for participation in EDITC seminars

1. EDITC will inform the client upon receipt of the application form. Written confirmation for the implementation of the training program will be sent within 3-5 days before the start date of the seminar. In exceptional cases written confirmation may be sent one day before the start of the program. **Participants are encouraged to contact the company in case they did not receive the confirmation.**
2. **Cancellations should be done in writing at least 5 working days prior to the start date of the seminar.** Cancellations that do not meet this term are invoiced the entire cost of the seminar (including the subsidy). It is acceptable to replace a participant, provided that the substitute fulfills the seminar's participation criteria.
3. All registrations are strictly prepaid except for credit customers.
4. The company has the right to cancel or postpone a training program up to one day before the start date of the program. Any prepayments will be refunded.
5. The participant (or the person responsible for the registration) has read carefully the participation criteria (intended audience, prerequisites for participation) and by signing this form, he/she states that the participant(s) fulfil the participation criteria
6. **Participants with less than 75% attendance or who have attended a similar seminar within 2 years prior to the start date of the seminar are not entitled the HRDA subsidy and in such a case the participants (or their company) will be invoiced the amount of the HRDA subsidy.**
7. **In case of subsidized programs by the HRDA all the required forms of HRDA must be sent to EDITC before the start of the training program.**

**\* We agree with the above terms and conditions**

**\* Signature:**

*(To digitally sign,  
this form must be  
opened in Adobe  
Acrobat or Reader)*

**\* Date:**

Stamp (in case of company):