



APIMONDIA

Standing Commission of Apitherapy

Registration form for the Symposium of Apitherapy in Havana – Cuba from October 14th to 18th 2002

Please fill one form per participant to the Symposium. One accompanying person sharing the same room may be registered on the same form. Registration form and payment are to be sent to Api-Ar International (see address below), duly appointed by the Commission for this duty. Please register **before September 15th**. The present registration **does not cover** any traveling facility that you are invited to book personally.

Name : _____ First name : _____
 Address : _____
 City : _____ Zip Code : _____
 e-mail : _____ Country : _____
 Phone : _____ Fax : _____
 Credit card nr : _____ Expiring end : _____ /
 Accompanied by M. : _____

I want do not want the Commission to make a booking in my name at the Hotel Bello Caribe in Havana for:
 a single room Half Board at 85,- USD per night
 a double room Half Board at 60,- USD per night per person, to share with:
 the accompanying person designated here above;
 M. attending the Symposium
 the person designated by the Commission

Arrival date : _____ Departure date : _____ Nr of nights : _____

The amount to be charged is

Registration to the symposium	
• From Australia, Canada, Eur. U, Japan, New-Zealand, Switzerland, USA: 500,- USD	
• From other countries in the world : 250,- USD	USD
Hotel : 60,- or 85,- USD x persons x nights =	USD
Total amount to pay	USD

Please register my payment immediately:
 Please debit the due amount from my credit card mentioned here above
 Please find herewith our bank cheque covering the due amount
 I will pay in cash the due amount in Havana at the Symposium. My registration will be effective only with my credit card number defined here above as a guarantee.

Date: _____ Signature: _____