



CPD - SEMINARS REGISTRATION FORM

Please complete all parts of this form in BLOCK CAPITALS and return to the Institute.

Seminar Title: _____

Date of Seminar: _____

Student's Details: Forename: _____ Surname: _____

Address: street _____ City: _____ Postcode: _____

Telephone (Mobile): _____ Telephone (work): _____

Email: _____

Company name: _____

Company Email: _____

PAYMENT DETAILS

Tuition Fees

PAYMENT METHOD: Payment must be made in full prior to the seminar date.

Signature: _____ Date: _____

PLEASE RETURN THIS ENROLMENT FORM WITH PAYMENT DETAILS
TO PANTELIS STYLIANIDES INSTITUTE OF ACCOUNTANCY
20 PIRAEUS STREET, STROVOLOS 2023, NICOSIA, CYPRUS

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