

**6th Annual Conference of the EuroMed Academy of Business (EMAB)
Conference Registration Form**

PERSONAL DATA

Title _____ Position _____
Last Name _____ First Name _____
Affiliation _____
Address _____
Zip/Postal Code _____ Town/City _____
State / Province _____ Country _____
Email _____
Phone _____ Fax _____
VAT number (for VAT excluding purposes) _____

YOUR PAPER

If not presenting paper and only attending please proceed to INTEREST GROUPS section

Title of Your Paper _____

INTEREST GROUPS

What are your primary areas of academic and/or professional interests?

METHOD OF PAYMENT

Bank Transfer: **Total amount: €** _____

Please note that you will need to instruct your bank that EMRBI will need to receive clear and net in its bank account the full amount of the invoice, so all bank charges should be paid and covered by the payee before the remittance is made.

Note: You are kindly requested to specify your full name at your bank's transfer form in order to confirm your payment and email/fax us a copy of it as soon as the payment is being transferred.

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Address: 79C Stavrou Avenue, 2035 Strovolos, Nicosia, Cyprus

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P.O.BOX 17516

2435 Engomi, NICOSIA

Account Number: 034 001 360 060829 01 4 EUR

BIC: SOGECY2N

IBAN: CY28 0120 0003 4001 3600 6082 9014

Signature **Date**/...../.....

**PLEASE RETURN A COPY OF THIS FORM (EITHER BY EMAIL OR FAX) AND YOUR PAYMENT TO ENSURE
PROPER RECORDING OF YOUR REGISTRATION**

E-mail: emrbi@unic.ac.cy

Fax to: +357 22355116