



CYPRUS
CHAMBER OF
COMMERCE AND
INDUSTRY



PARTICIPATION FORM

CHINESE NEW YEAR GALA DINNER

YEAR OF THE RAT 7 FEBRUARY 2020
QBLUE PLAZA RADISSON BLU HOTEL LARNACA

COMPANY INFORMATION

COMPANY NAME:

TEL:

FAX:

ADDRESS:

P.O.BOX:

POSTAL CODE:

EMAIL:

PARTICIPANT DETAILS

NO	PARTICIPANT NAME	POSITION
1.		
2.		
3.		
4.		

I, hereby declare that I am over 18 years old. I authorize CCCI to use all the above data, with regards to my participation to the above mentioned event. I authorize the CCCI to send me questionnaires and/or other information with regards to my participation to the above mentioned event and/or other similar future events. I am aware that promotional photos and/or videos from the above event can be published in websites and/or social media. Unless you authorize the CCCI to keep your data for future communication, all information provided will be destroyed upon the conclusion of the event. In addition to the right to withdraw your consent, you also have rights to access, modify, delete, restrict or oppose the processing of your data, which you may exercise through

Date.....

Signature.....

Please sent fax or email at: Ms. Eleftheria Xenophontos
email: freedom@ccci.org.cy or fax: 22665685. For more information call 22889880.