## "International and European Approaches in Combating Child Sexual Abuse: a Focus on Multi-Agency Coordinated Interventions"

## Nicosia, Cyprus, 13 & 14 June 2019

## **REGISTRATION FORM**

CONTACT DETAILS (as they should appear on meeting documentation)						
First Name:			Last Name:			
Job title / Function:			Ms//Mr/Dr:			
Country:						
Organisation:						
Full address:						
Office phone:		Fax:				
Mobile phone:			Email:			
(required for airport transfe	ers)		Linaii.			
ACCOMMODATION DETA	AILS					
Accommodation:	modation:		room:			
Check-in date:		Check-d	Check-out date:			
Number of nights:	<u> </u>					
TRAVEL DETAILS						
Arrival details						
Arrival date:	Arrival time:		From: (c	city)		
To Airport:			Flight number:			
Departure details						
Departure date: Departure time:			Destination:			
From Airport:	<u> </u>		Flight nu	ımber:		
Use of transportation pro	ovided by the Police: Yes	No		I		
OFFICIAL DINNER on the	e 13.6.2019 at 2000 hours					
Attending: Yes N	: Yes No Any			Special Dietary Request:		
ANY OTHER COMMENTS/REMARKS/REQUESTS						
Please return the completed form latest by May 25 <sup>th</sup> 2018 to the email: <a href="mailto:academy.cepol@police.gov.cy">academy.cepol@police.gov.cy</a> , <a href="mailto:fnikandrou@police.gov.cy">fnikandrou@police.gov.cy</a>						