



CYPRUS  
CHAMBER OF  
COMMERCE AND  
INDUSTRY



21 January, 2019.

**TO: ALL MEMBERS OF THE CYPRUS CHAMBER OF COMMERCE  
AND INDUSTRY  
MEMBERS OF THE CYPRUS-RUSSIAN BUSINESS ASSOCIATION**

**ADVANCE NOTICE**

Dear Members,

**SUBJECT: "THE FUTURE OF CYPRUS FOR RUSSIAN BUSINESS"**

**(Is there a future for Russian Business!**

**Of course there is; Learn why and how)**

**(and do not forget the saying: "What goes around comes around")**

**ONE DAY CONFERENCE ORGANISED BY THE  
CYPRUS-RUSSIAN BUSINESS ASSOCIATION**

**CHRYSSAFINIS & POLYVIYOU LLC**

**&**

**BOLTENKO LAW (ZURICH)**

**(OLGA BOLTENKO)**

**ON APRIL 4 2019, FOUR SEASONS HOTEL, LIMASSOL**



CYPRUS  
CHAMBER OF  
COMMERCE AND  
INDUSTRY



-2-

Russian Business, continues to be very important for the Cyprus Economy and is here to stay despite the “troubles” it currently facing! But what are now the prospects. What is the future.

Learn from the experts for Russian Business, from Zurich, Moscow, Luxembourg and Nicosia, leading experts will analyse the situation and give a clean bright future about Cyprus-Russian Business.

Participation fee is only a modest 130 euros including VAT all coffees, lunch and after event cocktail.

Interested companies, and/or individuals should fill in the enclosed participation form and fax it at 22-668630 or email it at [stavri@ccci.org.cy](mailto:stavri@ccci.org.cy) not later than **27/3/2019** so that we reserve a place for you.

Payments can be made to the following Banks Accounts:

BANK OF CYPRUS	ACCOUNT NUMBER	0194-12-006537
HELLENIC BANK	ACCOUNT NUMBER	121-01-013924-01

Please note that the fee is not refundable. Should you have any queries please feel free to contact me at 97-889949 or Mrs Stavroula Christodoulidou at 22-889718.

Yours sincerely,

A. S. Nathanael

Director

/SCH



CYPRUS  
CHAMBER OF  
COMMERCE AND  
INDUSTRY



**PARTICIPATION FORM**

**SEMINAR “THE FUTURE OF CYPRUS FOR RUSSIAN BUSINESS”**

**FOUR SEASONS HOTEL, LIMASSOL**

**4 APRIL, 2019**



**NAME OF COMPANY:** .....

**NAMES OF INTERESTED PERSONS:**

.....  
.....  
.....

**ADDRESS:**

.....  
.....

**P.O.BOX** ..... **POST CODE/TOWN:** .....

**E-MAIL:** .....

**TEL:** ..... **FAX:** .....

.....

**DATE**

**SIGNATURE**

Please fill the enclosed form together with a copy of the payment deposit on the name of the CCCI or KEBE. Fax: 22-668630 or Email. [stavri@ccci.org.cy](mailto:stavri@ccci.org.cy) or by hand with a cheque on the name of CCCI or KEBE.