



Registration Form for the Conference of Families with Deafblind Children. 1 to 6 October 2006 in Salou

Registration information of 1st participant:

Name: Relationship (6):

Address:

P.C.: Town:

Country: Languages spoken:

Phone No. (1):

Deafblind participant :

Name: Age:

Communication used (2):

Type of food needed (3):

Allergies / Neurological problems:

Wheel chair (manual, electric, baby, etc.):

Bladder control (indicate if waterproof bed sheets are needed):

Other Participants:

Name	Relation (6)	Age (5)	Language (2)	Observations (4)

Arrival and Departure:

1. By plane. From city: To local airport (REU or BCN):

Arrival at local airport. Date: Time: Flight number:

Departure from local airport. Date: Time: Flight number:

2. By train: From city:

To local railway station (Salou, Reus or Barcelona-Sants):

Arrival local railway station. Date: Time: Train code:

Depart. from local railway station Date: Time: Train code:

3. By car. From city: To "Cala Font" Hotel in Salou

Arrival, Date: Time: Departure, Date: Time:

Workshops and round tables: Please mark or add the topics (key subjects) you would like to have debated during the Congress (confidential), such as:

- Sex Education (examples: how to support children from a young age, growing up; appropriate behaviours in public and private places, relationship, sexuality, menstruation, masturbation, sexual abuse, conception, pregnancy, birth, ...):
- Opportunities in working life for deafblind people:
- Residential and occupational solutions:
- Parents and professionals working together:
- Training of professionals:

Observations:

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Conference Fee (each person)

EUR 250 before 31 May; EUR 325 after 31 May 2006. We suggest one bank transfer for every family or group of people. The fee includes accommodation, all meals, conference papers and tourist programme.

Payment to: "La Caixa". BIC: CAIXESBBXXX IBAN: ES94 2100 2926 4402 0002 4382 Owner: Apascide - Asociación Española de Padres de Sordociegos. Include the reference "EDbN" and the 1st participant full name.

Registration and payment will receive a written confirmation of registration. If you do not receive your confirmation of registration, please contact us.

Concerning the planning of the conference we do need to have your registration and payment before 10 June.

Supported Places

We do not have the possibility to provide supported places. If you are in such a need, please ask for help to Organizations in your local area of influence.

Cancellation Policy

Refunds will be issued for cancelled registrations if written requests are received postmarked no later than 15 July 2006.

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| <ol style="list-style-type: none">(1) Indicate also mobile phone No., e-mail and fax.(2) Oral comm. (indicate language). Natural signs, LSE, LSC, LSF, BSL, FSL, etc. Dactyl-logical (indicate language and system). Other oral comm. (indicate language), Tadoma, lip-reading, subtitles, Braille, etc.(3) Normal, liquid, tube-feeding, coeliac, etc.(4) Indicate any possible problems with: food (3), allergies or neurological problems, need for wheelchair, etc.(5) In the case of minors(6) Relationship with the person who is deafblind (father, mother, brother/ sister, intervenor, family member, etc.) |
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<p>Organiser: European Deafblind Network; Hotel d'Entitats de La Pau; C Pere Vergés, 1 despatx 10-2; 08020 Barcelona. Catalonia. Spain. Tel +34 93305 4385 fax +34 93331 4220 sms +34 678 712 619 email: rlopez@sordoceguera.com</p> <p>Co-organisers: Apascide - Asociación Española de Padres de Sordociegos Apsocecat – Associació Catalana Pro Persones Sordcegues</p>
