

Registration Form

Organisation

Name of Organization:
Address:*
Country:*
Telephone:
Fax:
e-mail:*

Participants name

Firstname:
Surname:
Visual impairment: (yes/no)
Other disability: (yes/no)
Other disability: (specify)

Guide/Assistant: (yes/no)
Firstname Guide/Assistant:
Surname Guide/Assistant:
Other disability:

Arrival / Departure Larnaca International Airport.

Date of arrival:
Time of Arrival:
Date of departure:
Time of departure:
Transportation from the airport to the hotel:(needed / not necessary)

Hotel Reservation (Lordos Beach Hotel)

Single Room: (1 / 2 – 3)
Double Room: (1 / 2 / 3)
Twin Room: (1 / 2 / 3)

Other information

Conference Material: (Print / Large Print / Braille / Disc / CD)
Conference Language: English

Comments:.....
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Send to:

Pancyprian Organization of the Blind
P. O. Box 23511
1684 Nicosia, Cyprus

Or **Fax: 00357 22495395** your request to:

Or e-mail to pot@logos.cy.net

For direct communication call: **Mob: 00357 99657467**