

Please send it to the Conference Secretariat.

(Phone 66 2 3547505 ext: 1204, Fax 66 2 3547507, e-mail: nongluck@apcdfoundation.org)

APDF General Meeting and Conference

October 17-18, 2010

Registration form of General Assembly

Please printout and type or print

General Assembly (October 17)

The name of the person who represents the member organization and observers

One sheet for one person each.

1. Given name :

2. Middle and Family Name (block letter) :

3. Sex : Male _____ Female _____

4. Official position to the General Assembly (Representative or observer(s)) :

5. Organization:

Contact address of organization /home :

Address for post:

Telephone:

Fax:

E-mail:

6. Passport Details: Nationality:

Date of birth:

Place of birth:

Passport number :

Date and place of issue:

Date of Expiry:

7. For visa, if you need an invitation, please inform the secretariat.

Yes

No

8. Necessary service:

Braille program _____,

Accessible transportation _____

As to sign language, those who need are encouraged to bring national sign language interpreter.

9. Selection of hotel accommodation

The secretariat will reserve your accommodation from the below.

_____ APCD (Basically those who have mobility difficulty)

_____ Hotel De Moc

_____ Prince Palace Hotel

Date of Check in _____

Date of Check out _____

If you wish other hotels, please book yourself.

10. Flight information

Arrival:

Departure:

Please note that accessible transportation will be arranged for wheelchair users.

Others are requested to come to the hotel and the venue by yourselves.

11. Please write if you attend the ESCAP Social Development Committee meeting from October 19-21, 2010

Yes _____ No _____

If yes and would like the secretariat to book the hotel until your departure, please write.

Signature _____

Date _____

Registration form of APDF Conference

October 18, 2010

One sheet for one person each.

1. Given name :

2. Middle and Family Name (block letter) :

3. Sex : Male _____ Female _____

4. Official position in your organization

5. Organization:

Contact address of organization /home :

Address for post:

Telephone:

Fax:

E-mail:

6. Passport Details: Nationality:

Date of birth:

Place of birth:

Passport number :

Date and place of issue:

Date of Expiry:

7. For visa, if you need an invitation, please inform the secretariat.

Yes

No

8. Necessary service:

Braille program _____,

Accessible transportation _____

As to sign language, please contact the secretariat.

9. Selection of hotel accommodation

_____ APCD (Basically those who have mobility difficulty)

_____ Hotel De Moc

_____ Prince Palace Hotel

If you wish other hotels, please book yourself.

Date of Check in _____

Date of Check out _____

10. Flight information

Arrival:

Departure:

Please note that accessible transportation will be arranged for wheelchair users.

11. Please write if you attend the ESCAP Social Development Committee meeting from October 19-21, 2010

Yes _____ No _____

If yes and would like the conference secretariat to book the hotel until your departure, please write.

12. Participation fee for APDF Assembly Conference : US\$100 per person to be collected on site.

Note: The fee covers conference facilities, tea breaks for two days, lunch for two days, dinner on 17 October. Participants who only take part in General Assembly and not taking the lunch and dinner will be admitted free of charge.

Contacts: **Ms. Nongluck Kisorawong**

Conference secretariat :

APCD Foundation

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