



## WBU-ICEVI Joint Assemblies 2016

18-25 August 2016 • Rosen Centre Hotel, Orlando, Florida, USA

ICEVI DAY – 22<sup>nd</sup> August 2016

**Theme:**

**Education For All Children with Visual Impairment: Beyond 2015**

### OFFICIAL ABSTRACT FORM

**1. Lead Presenter** (contact person for all communication)

Title (Prof., Dr., Mr., Ms., Mrs) :  
First Name and Surname :  
Centre/Institute :  
Position :  
Street Address and City/Region :  
Country and Postal/Zip Code :  
Home and Work Telephone numbers :  
Fax and/or email :

**2. Co-presenters** (if more than two presenters, please add additional information)

Title (Prof, Dr, Mr, Ms, Mrs) :  
First Name and Surname :  
Centre/Institute :  
Position :  
Street Address and City/Region :  
Country and Postal/Zip Code :  
Home and Work Telephone numbers :  
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**3.** If the Lead Presenter is not the key person for communication, please provide details of the contact person

**When completing the following sections, please select the option of your choice by placing an 'X' between the square brackets.**

**4. Type of presentation** (please select)

4.1 Paper Presentation

4.2 Interactive Workshop Presentation

4.3 Video Presentation

4.4 Poster Presentation

**5. Preferred format** (please select your preferred option)

5.1 Regular Print

5.2 Large Print (N18)

5.3 Electronic

5.4 Other (please describe)

**6. Preferred communication method for updates prior to ICEVI Day** (please select)

6.1 Electronic (this option is preferred by the ICEVI Day Programme Committee)

6.2 By post or Facsimile (please select this option if you do not have email access)

**7. Has this presentation or paper been presented elsewhere?**

Yes

No

**8. Title for Presentation** (*in 25 words or less*)...

**9. Abstract** (*Written in English, in 250 words or less*)...

**Please email, post or fax this Official Abstract Form by **September 30<sup>th</sup> 2015** to:**

**Dr. Frances Gentle**, Chairperson of the ICEVI Day Programme Committee,  
c/o The ICEVI Secretariat

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