

**ICEVI-Europe Professional interest group, Early Intervention**

**Conference:**

**The development of social and emotional skills in young children with visual impairments**

**23 - 24th April 2020**

Conference rooms **‘De** **Blauwput’**  Martelarenlaan 11a B-3010 Leuven, Belgium

PARTICIPANT’S REGISTRATION FORM

*Please fill out one form for each person participating and make copies of this form, if needed. Each accompanying person/interpreter must fill out a separate registration form.*

**1. Personal Information**

 Title (Prof., Dr., Mr., Ms., Mrs.) :

 First Name and Surname :

 Centre/Institute :

 Position :

 Street Address and City/Region :

 Country and Postal/Zip Code :

 Work and Mobile Telephone numbers :

 Fax and/or email :

**When completing the following sections, please select the option of your choice by** **placing an ‘X’ between the square brackets and fill in the information, where required.**

**2. Are you a person with visual impairment?**

 [ ] YES

 [ ] NO

**3. If YES, are you travelling alone?**

 [ ] YES

 [ ] NO

**4. If travelling with an Escort, for planning purposes, please provide the Escort’s information:**

First and Last Name:

Mobile:

Email Address:

**5. Do you have any special needs/disability?**

 [ ] YES

 If YES, please specify what is your disability:

 [ ] NO

**6. Do you have special diet requirements ?**

 [ ] NO

 [ ] vegetarian

 [ ] lactose intolerance

 [ ] gluten intolerance

 [ ] other:

**7. Conference fee & Bank Details in Huizen, The Netherlands, for Payment of Conference Registration Fee:**

The conference fee includes: proceedings, lunch and coffee breaks on the conference days.

 **ICEVI-Europe Members**: 120 euro

 **Non-members**: 135 euro

 **Payments in Euro to Account Holder: ICEVI-Europe**

 **ING, Account Number: 4890207**

 **BIC: INGBNL2A**

 **IBAN: NL90 INGB 0004 8902 07**

 **\*NOTE: When transferring the payment for your conference registration fee, please make certain to indicate your name as the conference participant, as well as, the below conference reference code.** If you are making the conference registration fee payment on behalf of someone else, please make certain to indicate the name of the individual who will be attending as the conference participant, as well as, the below conference reference code.

 **REFERENCE: P.I.G Early Intervention Conference**

 **\*\* All transfer fees must be paid by sender. Please be advised that there will be no refunds for cancellations or non-attendance.**

# **Data Protection Statement & Personality / Image Rights**

*By filling out the registration form, the participant gives consent that ICEVI-Europe can process the data provided within the framework of the conference and allow photographs to be made during the conference. This includes, unless registered participants object, all handling needed for the applicant’s participation at the event and for the drafting of a list of participants which will be distributed at the conference, and placing photographs in the picture gallery of the conference website, or selecting some for articles on the conference in the ICEVI-Europe newsletter publication.*

*Right of access: applicants have a right to access and ask for changing or deleting their personal data, which will be kept by ICEVI-Europe.*

***Please email this completed Official Participant’s Registration Form by 1 April 2020 to:***

***Kathleen Vandermaelen***

**E-mail: kathleen.vandermaele@ganspoel.be**