

## 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:.....  
.....

---

### 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](mailto:pot@logos.cy.net)

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