

AFID DIFERENÇA FOUNDATION WORKSHOP
LIFELONG LEARNING PROGRAMME GRUNDTVIG
DANCING FOR INCLUSION | 22-26 OCTOBER 2012

REGISTRATION FORM

[Please complete the entire form directly in the document and save it]

NAME & SURNAME OF THE PARTICIPANT

POSTAL ADDRESS

POSTCODE **CITY** **COUNTRY**

PHONE NUMBER (+NATIONAL CODE)

EMAIL ADDRESS

ID OR PASSPORT NUMBER

IDENTIFICATION OF THE TYPE OF DISABILITY

TECHNICAL NEEDS REQUIREMENTS, IF NECESSARY

DIETARY REQUIREMENTS, IF NECESSARY

ACCESSIBILITY REQUIREMENTS, IF NECESSARY

NAME & SURNAME OF THE CARER

FORMAL OR INFORMAL Connection with the person with disability (family, friend, neighbor, technician)

POSTAL ADDRESS

POSTCODE **CITY** **COUNTRY**

PHONE NUMBER (+NATIONAL CODE)

EMAIL ADDRESS

ID OR PASSPORT NUMBER

IF YOU ARE CONNECTED TO AN ORGANIZATION

NAME OF THE ORGANIZATION

POSTAL ADDRESS

POSTCODE **CITY** **COUNTRY**

PHONE NUMBER (+NATIONAL CODE)

EMAIL ADDRESS

TRAVEL | AIRPORT NAME **AIRPORT CITY**

[To fill and submit the application form by e-mail to: vanessa.ferreira@fund-afid.org.pt; until 20 August 2012 at the latest. Wait for an e-mail message that will confirm the reception of the application form; after 20 August 2012.]



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