



## REGISTRATION FORM

(PLEASE TYPE OR PRINT)

In order to facilitate administrative arrangements on your behalf, please complete and return this form to:

Mr. Sawang Srisom, Assistant Regional Development Officer  
Ms. Worapan Buranasilpin, Coordinator  
Disabled Peoples' International Asia-Pacific (DPI-AP)  
29/486 Moo.9, Soi.12 Muangthong Thani,  
Bangpood, Pakkred, Nonthaburi 11120 THAILAND  
Tel: (662) 503-4268-9 Fax: (662) 503-4268-9  
E-mail: [sawang@dpiap.org](mailto:sawang@dpiap.org), [littledooky@hotmail.com](mailto:littledooky@hotmail.com)  
Website: <http://www.dpiap.org>

**\*For help in electronically filling in the form, press 'F1' on your computer keyboard**

### A. PERSONAL INFORMATION

**NAME:**

(Please write family name/surname in block letters)

**SEX:**  MALE  FEMALE

DATE OF BIRTH:	DATE (DD)	MONTH (MM)	YEAR (YYYY)

**OFFICIAL DESIGNATION:**

**ORGANIZATION YOU WILL BE REPRESENTING:**

**MAILING ADDRESS:**

**COUNTRY:**

**PHONE:**

**FAX:**

**EMAIL:**

**WEBSITE:**



## B. DISABILITY RELATED INFORMATION

(If you are a person with a disability, please provide the following information)

**TYPE OF DISABILITY:** Select from the list here

Please describe more about your disability as necessary for our awareness:

**DISABILITY DETAILS:**

If you use any aids/assistive devices, please provide the details:

**ASSISTIVE DEVICE:**

If you require any specific needs/services/assistance, please provide details:

**SPECIFIC NEEDS:**

If a **PERSONAL ASSISTANT/ATTENDANT** will accompany you, please provide the details:

**ASSISTANT'S NAME:**

**ASSISTANT'S SEX:**  MALE  FEMALE

**ASSISTANT'S DETAILS:**

*(Note: Any additional companion/s, apart from personal attendant, will need to register individually)*

## C. HEALTH RELATED INFORMATION

If you have any health/medical condition whatsoever, which you feel the organizers should be aware of, and be prepared for, please provide the details:

**HEALTH:**

**D. FOOD/DIET RELATED INFORMATION**

If you have any food/dietary reservations/restrictions, please provide the details:

**FOOD RESTRICTIONS:**

If you have any food/dietary allergies whatsoever, which you feel the organizers should be aware of, and be prepared for, please provide the details:

**FOOD ALLERGIES:**

**E. ACCOMMODATION RELATED INFORMATION (for overseas participants)**

If you want the organizer to arrange accommodation for you during the event, on your behalf:

**ACCOM ARRANGEMENTS:**  YES     NO

If you tick "YES" above, please inform how much (in US Dollars) you would be willing (at the most) to spend on accommodation per day:

**ACCOM RATE:**        \$USD

Would you be willing to share your room with other participants?

**ROOM SHARING:**  YES         NO

**F. PASSPORT RELATED INFORMATION (for overseas participants)**

<b>NATIONALITY:</b>			
<b>PASSPORT NUMBER:</b>			
<b>DATE OF ISSUE:</b>	<b>DATE (DD)</b>	<b>MONTH (MM)</b>	<b>YEAR (YYYY)</b>
<b>PLACE OF BIRTH:</b>			
<b>PLACE OF ISSUE:</b>			
<b>DATE OF EXPIRY:</b>	<b>DATE (DD)</b>	<b>MONTH (MM)</b>	<b>YEAR (YYYY)</b>

## **G. AIR FLIGHT RELATED INFORMATION (for overseas participants)**

### **ARRIVAL**

**DATE:** (DD/MM/YYYY) **TIME:**

**FLIGHT NO:**

**PLACE OF EMBARKATION:**

### **DEPARTURE**

**DATE:** (DD/MM/YYYY) **TIME:**

**FLIGHT NO:**

**DESTINATION:**

## **H. SIGNATURE OF THE PARTICIPANT**

**DATE:** (DD/MM/YYYY)

(For overseas participants, and if Registration is completed by E-mail, Signature will not be required)

### **NAME, TITLE AND SIGNATURE OF THE DESIGNATING OFFICIAL**

**NAME OF DESIGNATING OFFICIAL:**

**TITLE:**

**DATE:** (DD/MM/YYYY)

(For overseas participants, and if registration is completed by e-mail, signature will not be required)