1. **DETAILS**

Organisation:.....................................................................................................

Name of participant: ...................................................................…......................

Address: ........................................................................................................…

 ..........................................................................................................…

Telephone number: .........................…..... Fax number: ...................................

E-mail: ………………………………………………………………………..………

Working language is English

1. **ATTENDANCE**

• I will attend the EAMDA Youth Camp 19st to 26th June

 Yes  No

1. **ACCOMMODATION DETAILS & TRAVEL ARRANGEMENTS**

**a) ACCOMMODATION**

 • Date of arrival \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 • Date of departure \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 • Do you require a wheelchair adapted room?

  Yes  No

 If yes, do you have a manual or electric wheelchair?

(*Please indicate which type of wheelchair you use :*

* Manual (dimensions :…..high, …..width, …..long)
* Electric (dimensions :…..high, …..width, …..long)

 • Are you accompanied by a personal assistant?

  Yes  No

 If yes, name of your personal assistant:…………………………………

**4. SPECIFIC REQUIREMENTS**

• As transport will be foreseen for all participants, please indicate your

 flight details as follows:

 Arrival date : ………. + Arrival time: ……….

 Flight n° : ……….

Airport/station of arrival : ……………………………….

 Departure date : ………. + Departure time: ……..

 Flight n° : ……….

Airport/station of departure : ………………………………

• Do you need adapted transport?

  No  Yes

• Do you have any dietary requirements?

 No  Yes, specify: ……………………………………………..................……

 • Do you have any specific requirements? (please specify)

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

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| **PLEASE FAX OR E-MAIL BACK BY** **15th JUNE 2015****TO:** **SDDH Secretariat,** **Nova Ves 44, 10 000 ZAGREB** **Tel. / Fax : 00385 1 4666 849****E-mail : sddh@zg.t-com.hr** |

**WELCOME TO CROATIA !**