



**SDDH - SAVEZ DRUŠTAVA DISTROFIČARA HRVATSKE**  
**SDDH - CROATIAN NATIONAL NMD ASSOCIATION**  
Nova Ves 44, 10000 Zagreb, tel/fax: 00385 1 46 66 849

## 1. DETAILS

Organisation:.....

Name of participant: .....

Address: .....

.....

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

E-mail: .....

Working language is English

## 2. ATTENDANCE

- I will attend the EAMDA Youth Camp 17<sup>th</sup> to 24<sup>th</sup> July 2017

Yes       No

## 3. 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:.....

**“Your Heart is a muscle too!”**

21. May - National Day For NMD people In Croatia!

**mb:** 3229092 **OIB:** 08465235935 **account:** 2340009-1110039995 at PBZ

**web:** [www.sddh.hr](http://www.sddh.hr) **e-mail :** [sddh@zg.t-com.hr](mailto:sddh@zg.t-com.hr)



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#### **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)

.....  
.....  
.....

**PLEASE FAX OR E-MAIL BACK BY**  
**THURSDAY 1<sup>st</sup> JUNE 2017**

**TO:**  
**SDDH Secretariat,**  
**Nova Ves 44, 10 000 ZAGREB**

**Tel. / Fax : 00385 1 4666 849**  
**E-mail : [sddh@zg.t-com.hr](mailto:sddh@zg.t-com.hr)**

**WELCOME TO CROATIA !**

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