



National Conference of ICEVI & Sense International (India)

"Inclusion - a Journey of 2 Decades"

8th-10th December 2017

Ahmadabad, Gujarat (India)

Registration Form

1. Personal Details

First Name

Middle Name*

Last Name*

Sex *

Nationality *

Organization*

Website :

RCI Registration Number:

**(Participants who are registered with
Rehabilitation Council of India)**

2. Organization Contact Details

Organization Address

Address* :

City/Province* :

State/Region* :

Postal Code* :

Country* :

Telephone No* :

Mobile No :

Email Id * :

Residential Address

Address :

City/Province :

State/Region :

Postal Code :

Country :

Telephone No :

Mobile No :

Email Id :

Preferred Address for Communication:

Organization

Residence

3. Details related to Disability / and Special Services (Where Applicable)

- Physical
- Visual /Low Vision
- Mental/Intellectual
- Hearing/Speech
- Deafblind
- Other Please specify _____

3.1 Special Requirements (if any):

- A. Are you a wheel chair user? Yes No Electric Manual
- B. Information material in Braille (available only in English) Yes No
- C. Others (Please specify)

Will you be travelling with personal assistant?

Yes No

Please register your personal assistant (Please use the same form to register)

4. Health related information:

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

None

5. Food/Diet Related Information:

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

Vegetarian / Non Vegetarian / Jain

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

.....

6. Foreign nationals please submit the following information

Do you need a visa invitation letter? * Yes No

Nationality:.....	Place of Birth:.....
Passport Number:.....	Place of Issue:.....
Date of Issue:(dd)/(mm)/.....(yy)	Date of Expiry:.....(dd)/.....(mm)/.....(yy)

7. Accommodation

- Do you require accommodation during the Conference? Yes No
- Do you want organizers to book your accommodation? Yes No
- If yes, Please provide travel details and Select the hotel and Occupancy

Train Details	Train No: _____ Train Name: _____																											
Airport Pick up	Flight No: _____ Yes <input type="checkbox"/> No <input type="checkbox"/>																											
Arrival	Date : _____ Time _____																											
Departure	Date : _____ Time _____																											
Booking Dates	8 th December 2017 <input type="checkbox"/> 9 th December 2017 <input type="checkbox"/> 10 th December 2017 <input type="checkbox"/> 11 th December 2017 <input type="checkbox"/>																											
Confirm Hotel Rates Preference *(Includes Breakfast, Wifi Services and + Taxes)	<table border="1"> <thead> <tr> <th>Single Occupancy Rate:</th> <th>Rates for per day</th> <th>Double Occupancy (Room will be shared)</th> </tr> </thead> <tbody> <tr> <td>2000 <input type="checkbox"/></td> <td>BaitInn/ http://hotelbaitinn.com</td> <td>2300 <input type="checkbox"/></td> </tr> <tr> <td>2000 <input type="checkbox"/></td> <td>Hotel Carry On</td> <td>2300 <input type="checkbox"/></td> </tr> <tr> <td>1700 <input type="checkbox"/></td> <td>Vice President http://www.hotelvicepresident.com</td> <td>2300 <input type="checkbox"/></td> </tr> <tr> <td>2800 <input type="checkbox"/></td> <td>Comfort Inn President www.comfort-inn-president.hotel-ahmedabad.com</td> <td>3400 <input type="checkbox"/></td> </tr> <tr> <td>3400 <input type="checkbox"/></td> <td>The President A Boutique Hotel http://www.thepresidentboutiquehotel.com</td> <td>3800 <input type="checkbox"/></td> </tr> <tr> <td>2000 <input type="checkbox"/></td> <td>Hotel Sceneria http://www.scenariahotel.com</td> <td>2300 <input type="checkbox"/></td> </tr> <tr> <td>1600 <input type="checkbox"/></td> <td>Hotel Classic Inn http://hotelclassiccinn.in Triple Occupancy : 2700</td> <td>2000 <input type="checkbox"/></td> </tr> <tr> <td>2000 <input type="checkbox"/></td> <td>Hotel Orchard Aaram Triple Occupancy : 2700</td> <td>2000 <input type="checkbox"/></td> </tr> </tbody> </table>	Single Occupancy Rate:	Rates for per day	Double Occupancy (Room will be shared)	2000 <input type="checkbox"/>	BaitInn/ http://hotelbaitinn.com	2300 <input type="checkbox"/>	2000 <input type="checkbox"/>	Hotel Carry On	2300 <input type="checkbox"/>	1700 <input type="checkbox"/>	Vice President http://www.hotelvicepresident.com	2300 <input type="checkbox"/>	2800 <input type="checkbox"/>	Comfort Inn President www.comfort-inn-president.hotel-ahmedabad.com	3400 <input type="checkbox"/>	3400 <input type="checkbox"/>	The President A Boutique Hotel http://www.thepresidentboutiquehotel.com	3800 <input type="checkbox"/>	2000 <input type="checkbox"/>	Hotel Sceneria http://www.scenariahotel.com	2300 <input type="checkbox"/>	1600 <input type="checkbox"/>	Hotel Classic Inn http://hotelclassiccinn.in Triple Occupancy : 2700	2000 <input type="checkbox"/>	2000 <input type="checkbox"/>	Hotel Orchard Aaram Triple Occupancy : 2700	2000 <input type="checkbox"/>
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*Please select Three rates in priority basis to book room. The rooms will be allotted on availability basis.																												
In the case of Double Occupancy Name of the Second Occupant : _____ Organization : _____ Mobile: _____ Email id: _____																												
Payment of Registration Fees: 1. Indian Participants 3000 INRs. 2. Foreign Participants 50 US \$																												
Payment Details : 1. Online Transfer <input type="checkbox"/> 2. Spot Payment <input type="checkbox"/> 3. Cheque/Draft <input type="checkbox"/>																												

Indian Residents	Non Indian Residents
<p>Demand Draft/Cheque : Payable To : “International Council for the Education of People with Visual Impairment” Payable At: Ahmedabad, India</p> <p>Online Payment : Account Name: Blind People’s Association Bank Name : Kotak Mahindra Bank Branch name : CG Road Branch, Ahmedabad- Account Number: 839010064222 9 digit number (MICR number): 380064006 RTGS/NEFT IFSC CODE : KKBK0002583</p>	<p>Bank Draft /Cheque in favor of “Blind People’s Association”</p>
<p>Signature of the Participant Date:</p> <p>(For participants Submitting form by E-mail, Signature will not be required)</p>	
<p style="text-align: center;">Contact:</p> <ol style="list-style-type: none"> 1. Dr. Bhushan Punani, Chairperson ICEVI West Asia @ icevisenseindiacon@gmail.com 2. Mr. Akhil Paul, Director, Sense International India @ akhil@senseintindia.org 3. For Program and Papers Ms Nandini Rawal @ icevisenseindiacon@gmail.com 4. For Hotel Booking Bharat Joshi cbrrollout@gmail.com 5. For registration Mr. Mihir Jani @mihirjgd@gmail.com <p style="text-align: center;">Conference website: www.iceviwestasia.in</p>	