

Conference Secretariat: NFOWD

House # 1107-A/1105-B Baitul Aman Cooperative Housing Society Ltd. Ring Road, Uttar Adabor Dhaka-1207, Bangladesh E-mail: inguiry@dhakaconference2015.org

REGISTRATION FORM

(Please type or print)

In order to facilitate administrative arrangements on your behalf, please complete and return this form to: The Member Secretary, Conference Organizing Committee, at the Conference Secretariat (see address above). Please complete all the items listed below:

A. Personal Information:

Name:					
(Please write family name/surname in block letters	5)				
Name in short:					
(As you may wish to see on your nametag, if it is	different from al	oove)			_
Sex:	Date of Birth:	Date	Month	Year	
Official Designation: Organization you will be representing:					
Mailing Address:					
Telephone(s): E-mail: Website:	Fax				
B. Disability Related Information: (If you are a person with a disability, please provided in the second	le the following	informat	tion)		
Type of Disability:					
If you use any aids and/or appliances, please prov					
If you require any disability related service					
If a personal attendant will accompany you, please	e provide the de	tails:			
Name:				ally)	

Disability & Disaster Risk Manager December 12-14, 2015 Dhaka, Bangla

Dhaka Conference

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:

D. Food/Diet Related Information:

Please mention your food preference: Vegetarian / Non-Vegetarian

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

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:....

.....

.....

E. Accommodation Related Information (for participants coming from abroad):

If you want the organizers to arrange accommodation for you during the event, on your behalf, please write "yes" here:....

If you have written "yes" above, please provide your range (in US Dollars) you would be willing (**at the most**) to spend on accommodation per day (excluding meals):

(a) less than US \$ 50 (b) US \$ 50 to US \$ 75, (c) US \$ 75 to US \$ 100, (d) US \$ 100 to US \$ 150, (e) more than US \$ 150

To reduce cost would you be willing to share your room with other participants?

F. Language Related Information (for participants coming from abroad):

If you would prefer simultaneous interpretation of the proceedings of all working sessions in any international language other than English, please write "yes' here:

In which international language would you prefer interpretations:

G. Which Con-current session would you like to attend?

(Tick only one from each column)

Day 1 (Afternoon)	Day 2 (Morning)	Day 2 (Afternoon)
Concurrent Session 1	Concurrent Session 4	Concurrent Session 7
Voices and roles of persons with disabilities and Disabled People's Organizations (DPOs) in Disaster Risk Management (DRM).	Innovative and inclusive practices on Disaster Risk Management (DRM), Crises Management/Humanitarian Actions and Climate Change Adaptation (CCA);	From Practice to Policy Support: Considering disability inclusion in improving basic services in DRM, for example (a) water-supply, (b) sanitation, (c) health, (d) education, (e) livelihood.





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Concurrent Session 2	Concurrent Session 5	Concurrent Session 8
DRM for the most at risks including Persons with Neuro developmental disability, Mental health, and other persons with profound disabilities.	National and Local government in DRM and Crises Management (Humanitarian Response);	Disability inclusion as a vector (carrier) for stronger inclusive community resilience including recovery and reconstruction.
Concurrent Session 3	Concurrent Session 6	
Women, Children & Youths with disabilities in DRM.	Importance of (a) research and studies; (b) technology and accessible information management system in DRM.	

H. Passport Related Information (for participants coming from abroad):

Nationality:				Place of Birth:			
Passport Number:				Place of Issue:			
Date of Issue:	Date	Month	Year	Date of Expiry:	Date	Month	Year

I. Payment Related Information (please tick):

Mode of Payment: Cash Bank

Category of participant	Early Bird (1 st Sept to 31 st Oct 2015)	Late Registration (1 st Nov to 30 th Nov 2015)
National		
Participant	BDT 3,000	BDT 3,500
One personal assistant for Persons with Disabilities	BDT 2,000	BDT 2,500
International		
Participant	US\$ 200	US\$ 250
One personal assistant for Persons with Disabilities	US\$ 100	US\$ 150