



FONDEE EN 1946 SOUS LES AUSPICES DE L'UNESCO

F.I.C.E./A.W.C.C. CONFERENCE - DUBLIN - JULY 2nd/6th 1979
REGISTRATION/BOOKING FORM (Only one delegate per form)



FAMILY NAME (1) First Name Sex Mr./Ms.

ORGANISATION (if any)

ADDRESS: Street

City/Town

Country

Phone No.: (Office) (Home) Telex

ACCOMPANIED BY: (2)

(3)

I/We require accommodation for persons as follows:-

Trinity College Hotel

Arrive Dublin July Depart Dublin. July No. of Nights

..... twin room(s) single room(s)

Please complete this section if you wish to avail of inclusive air package

I/We wish to fly from Airport to Dublin Airport as follows:-

TO July FROM July

DUBLIN hours DUBLIN hours

I wish to visit Children's Homes as follows (indicate 1st/2nd/3rd etc. choice)

J'aimerais visiter les maisons d'enfants suivantes (indiquez votre premier choix, deuxième, troisième, quatrième etc.)

Ich möchte die folgenden Kinderheime besuchen (markieren sie ihre erste, zweite, dritte etc. Wahl)

..... Deaf/Sourds/Heim für taube Residential Home/Pensionnat/Wohnheim

..... Blind/Aveugles/heim für blinde Assessment/Diagnostique/Diagnostik

..... Adolescent treatment Centre/
Centre de redressment pour
adolescents/Heim zur Behandlung
Jugendlicher Mentally Retarded/Handicapes mentaux/
Geistig behinderte

..... Hostels/Maison d'accueil/Herbergen

I enclose payment as follows: I Registration Fee @ £25/£30 £

..... accommodation deposits (s)
@ £35 per person £

..... Seats on Tour A @ £4.00 £

..... Seats on Tour B @ £5.50 £

I enclose cheque/bank draft made payable to the "F.I.C.E./
A.W.C.C. Conference" in the amount of

£

Signed

Date

Please return from NOW to: The Conference Director, A.W.C.C./F.I.C.E. Conference, 31 Exchequer Street,
Dublin 2, Ireland. Telephone: (01) 775309 Telex: 4427 SDLE EI

For Office Use