**World Blind Union-Asia Pacific Mid-Term Regional General Assembly 2018**

“Leaving no blind person behind - ten years of the UNCRPD, what we have achieved so far and the next decade of advocacy”

10-12 September 2018 –Ulaanbaatar, Mongolia

REGISTRATION FORM

Please fill in the form and settle the payment by 20 July 2018.

Please put plus sign (+) in front of the appropriate option or type the full word. For example:

Gender: (+male/female) or, (male/female) \_\_male\_\_

Please Select Registration Type:

🞎Delegate 350 USD x \_\_\_ person(s) = \_\_\_ USD

🞎Participant 250 USD x \_\_\_ person(s) = \_\_\_ USD

Total: \_\_\_ USD

Registration fee includes:

- Conference bag

- Program book

- Lunch and coffee break (10-12 September 2018)

- Welcome reception (10 September 2018)   
- Gala dinner (12 September 2018) 

Salutation: (Prof./Dr./Mr./Mrs./Ms./Other)

\_\_\_

Family name: \_\_\_

First name: \_\_\_

Gender: (male/female)

\_\_\_

Organization: \_\_\_

Position: \_\_\_

Address:

\_\_\_

\_\_\_

\_\_\_

Mobile: (\_\_) \_\_\_

Fax: (\_\_) \_\_\_

E-mail: \_\_\_

Please indicate if you are going to bring your guide dog: (Yes./No.)

\_\_\_

Special request: \_\_\_

Disabilities: (blind/deafblind/partially sighted/Other disabilities/N.A.)

\_\_\_

Preferred Format:

Normal print/large print/electronic

Braille – English contracted/English uncontracted

\_\_\_

Dietary Requirement: (no special requirement/vegetarian/other)

\_\_\_

Welcome Reception (10 September 2018): (will attend/will not attend)

\_\_\_

Gala dinner (12 September 2018): (will attend/will not attend)

\_\_\_

Flight Information:

Arrival：

Flight number \_\_\_ Date \_\_\_ Time \_\_\_

Departure：

Flight number \_\_\_ Date \_\_\_ Time \_\_\_

Request for shuttle service

🞎Arrival only/Departure only/Round trip)

\_\_\_

Emergency Contact Information:

Name: \_\_\_

Address:

\_\_\_

\_\_\_

\_\_\_

Telephone (including country code): (\_\_) \_\_\_

Fax: (\_\_) \_\_\_

E-mail: \_\_\_

Payment Method

🞎Wire Transfer)

Account name Mongolian National Federation of the Blind

Account Number 5002393325

Bank Name XAC BANK

Bank Address Xac bank-20A,72  Amar  street, Sukhbaatar  district, Ulaanbaatar. Mongolia

Swift Code CAXBMNUB

Bank telephone number (976) 7577-1888

Your money transfer reference number: \_\_\_

Remarks: The bank fee may vary according to bank regulations.

Please fax the transfer slip to (976) 7004-4179 or scan and email to [register@wbuapga2018.org](mailto:register@wbuapga2018.org)

Terms & Conditions

This registration will be accepted only upon full payment is received.

Registered participants who are unable to attend will receive 50% refund, provided that a written request is received by the secretariat before 20 August 2018. NO refunds will be issued after this cancellation date.

Transfer of registration to another person will be accepted only by written request before 01 September 2018.

All approved refunds will be processed within 60 days after the Assembly.

Registration fees do not include personal travel insurance of any kind. It is strongly recommended that an insurance policy of your choice be taken out to cover loss, cancellation or medical expenses etc for any reason. The Organizing Committee and Secretariat Office do not take responsibility for any delegate failing to insure.

Signature: \_\_\_

Date: \_\_\_

(Electronic signature is acceptable)

For any further information, please visit the official website of the General Assembly at: [www.wbuapga2018.org](http://www.wbuapga2018.org)

Please send the completed application form to [register@wbuapga2018.org](mailto:register@wbuapga2018.org).

Contact details of organizing committee

Contact person: Ms. Ariunaa Batsandag assistant of the organizing committee

Tel: (976) 8811-1379, (976) 8922-6853

Fax: (976) 7004-4179

E-mail: [register@wbuapga2018.org](mailto:register@wbuapga2018.org), [info@wbuapga2018.org](mailto:info@wbuapga2018.org)