

REGISTRATION FORM

7th Pacific Regional Conference on Disability Tanoa International Hotel, Nadi, Fiji 27th February – 3rd March 2023

Theme: "Nothing without us - Deepening partnership for an inclusive and equitable Blue Pacific Continent for persons with disabilities".

A. Personal Details					
Name (as in Passport):					
Date of Birth:					
Gender:					
Organisation:					
Designation:					
Address:					
Telephone:					
Fax:					
Email:					
Website:					
Disability Related Information					
Disability (if Any): Refer	to Washington Group Q	uestions in the table and answer all.			
If you use any assistive device, please provide details:					
If you require any service please provide details:	es and /or assistance,				
If a personal assistant (age must be 18 years and above) will accompany you, please provide his/her details below:		Name (as in passport): Date of birth:			
(Note; Any additional comparassistant, will need to registe	` ' ' '	Gender:			

Washington Group Short Set

The question is to be answered across all the domain of functioning as per the table below. Please feel free to get in touch with the secretariat should you need further assistance. These activities are universal activity that any human being does regardless of color, age, gender, place of residence etc.

Person with disability are identified if you answer at least 'a lot' or 'cannot' in any one of the domain (walking/seeing/hearing/communication/remembering or concentration and self-care)

#	Name	Answer category:					
		*No – No difficulty		*Some – some difficulty *Cannot – cannot do at all			
		Walking – do you have difficulty walking or climbing stairs?	Seeing – do you have difficulty seeing, even if wearing glasses?	Hearing – do you have difficulty hearing even if wearing hearing aid?	Communication – using do you have difficulty your usual language, do you have difficulty communicating, e.g., understanding or being understood?	Concentration/ remembering – do you have difficulty remembering or concentrating?	Self-care – do you have difficulty (with self-care) washing all over or dressing?
1							
2							
3							
4							
5							

Passport Related Information					
Nationality:					
Place of Birth:					
Passport Number:					
Place of Issue:					
Date of Issue:					
Date of Expiry:					
Passport Scanned	* Mandatory requirement, please send a scanned copy of your passport.				
Copy:					
Emergency Related 1	Information				
Name of Contact:					
Relationship:					
Telephone Number:					
Address:					
If you have any health, whatsoever, which you should be aware of, ple					
Food/Diet Related In	nformation				
If you have food allergies or special dietary requirement which you feel the organizers should be aware of, please provide details.					
Accommodation Related Information					
PDF has made reservation at the Tanoa International Hotel and Tokatoka Resort Hotel due to its accessibility		Please indicate with an 'x' Reserve			
Please liaise directly with the hotel for any bookings relating to the Conference.		Non-Reserve			
bookings relating to the	comercice.	Hotel Preference			
Conference Related Information					
	'x' which meeting(s) you	will be attending:			
l icase maleate with an	x which ineeding(s) you	will be attending,			
Pre-events meetings for Youth/Women/ Intellectual & Psychosocial disability and official opening – Tuesday, 28 th February 2023					
Regional Conference - Wednesday, 1 st March - Friday 3 rd March 2023					
Conference dinner – Friday, 3 rd March 2023					
		ully vaccinated and have their y) readily available for inspection.			

Please	advise whether	er you are	attend	ling In-Person or Virtually	/
	In-Person			Virtual	
O46 a		- 444.41	£-11	dia a va alatuation force.	

Other attendees will attract the following registration fees;

- PDF Full/Associate Members; Person with Disability, students/individuals -FJD\$100 per day
- Disability NGOs and Observers FJD\$150 per day
- Government/Institutions/ Companies FJD\$200 per day
- Virtual attendance FJD 50.00 per person

Kindly complete and return this Registration form by **13 January 2023** to: Mr. Aporosa Ranuku – aporosa.ranuku@pacificdisability.org

Pacific Disability Forum

Ground Floor - Kadavu House P O Box 18458

Suva

Phone: (679) 331 2008/ 3307530

Fax: (679) 3310469

Check List:

- 1. Valid passport bio page attached
- 2. Vaccination certificate
- 3. Dietary information provided (if needed)
- 4. Washington Group Short Set table completed. Contact the secretariat if you need further assistance if filling in the table.