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| **APPLICATION FORM** | |
| **Cortical/cerebral Visual Impairment (CVI)**  **Identification, assessment and intervention strategies for children with CVI**  *Lecturer: Christine Roman-Lantzy, Ph.D*  \*\*\* please fill in all the fields and submit the application form by e-mail to  [roberta@malidom.hr](mailto:roberta@malidom.hr) \*\*\* | |
| NAME AND SURNAME |  |
| OCCUPATION |  |
| EMPLOYMENT INSTITUTION |  |
| CONTACT TELEPHONE |  |
| E-MAIL ADDRESS |  |
| WHO WILL PAY THE APPLICATION FEE?  (please fill in) | A) PHYSICAL PERSON:  NAME AND SURNAME:  ADDRESS:  VAT Nr: |
| B) INSTITUTION:  FULL NAME:  ADDRESS:  VAT Nr: |
| ADDITIONAL REMARK |  |

**Early registration until May 1, 2019 - price 200 E**

**Registration until July 1, 2019 - price 230 E**

**PAYMENT METHOD**

The registration fee should be paid to the following account:

**"Mali dom-Zagreb" – Day Center for Rehabilitation of Children and Youth**

Address: **Bastijanova 1 d, 10000 Zagreb, Croatia**

**IBAN HR9623600001102070932**

(Bank: Zagrebačka banka d.d., address: Trg bana Josipa Jelačića 10, 10000 Zagreb)

**SWIFT: ZABAHR2X**

Please state the **purpose of payment "Seminar - CVI" and the name and last name** of the participant.

*The application will be considered valid after the payment has been made.*