

**2024**

 **PARTICIPANT REGISTRATION FORM**

**TO BE COMPLETED FOR TACTILE ADAPTATIONS FOR VISUALLY IMPAIRED CHILDREN
COMMERCIALLY PUBLISHED BOOKS**

***This registration form will follow the book through all the stages of the competition,***

***it is important. Please complete it as accurately as possible***.

\* Mandatory elements.

# YOUR NATIONAL PARTNER T&T\* :

NAME OF INSTITUTION OR REPRESENTATIVE \* :...................................................................................

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COUNTRY\*: ........................................................................................................................................................................

ADDRESS\*: ...............................................................................................................................................

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E-MAIL\* :................................................................................................................................................

# TITLE OF ORIGINAL WORK / ORIGINAL BOOK\* :

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Author of the original text\*:..................................................................................................................

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Author of the original illustration\* :.....................................................................................................

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Publisher\*:.............................................................................................................................................

Year of publication\*: ...............................................................................................................................................................

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# AUTHOR OF THE TACTILE ADAPTATION\* :

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E-mail\*: ................................................................................................................................................

Profession:.............................................................................................................................................

Have you already taken part in the **Typhlo&Tactus** competition? YES / NO

If yes, in which year(s): .........................................................................................................................

# NAME AND ADDRESS TO WHICH THE BOOK MUST BE RETURNED BY YOUR NATIONAL T&T PARTNER (please be very specific):

NAME\*: .........................................................................:.....................................................................................

ADDRESS\*: ..............................................................................................................................................................

COUNTRY\*: ...............................................................................................................................................................

E- mail: ...............................................................................................................................................................

**Declaration**

**I agree that my tactile adaptation and their photos may be used for the purposes of communicating the Typhlo&Tactus competition: on the website www. tactus.org, and on all documents relating to the promotion of tactile illustrated books and the competition (for example on the poster, on posters announcing the competition, or in PowerPoint presentations).**

Date:\*....................................................................................................................................................

Location\*...............................................................................................................................................

Signature\*: ............................................................................................................................................

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